



BALTIMORE CITY COUNCIL PUBLIC SAFETY COMMITTEE

Mission Statement

On behalf of the Citizens of Baltimore City, the Public Safety Committee will be responsible for matters concerning public safety, including, but not limited to, emergency preparedness, police services, fire/EMS, & their administrative functions.

The Honorable Mark Conway

CHAIR

PUBLIC HEARING

7/29/2025

1:00PM

CLARENCE "DU" BURNS COUNCIL CHAMBERS

LO25-0013

Opioids, Harm Reduction, and Overdose Prevention

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CITY OF BALTIMORE

Brandon M. Scott – Mayor
Zeke Cohen – Council President



Office of Council Services

Nancy Mead - Director
100 Holliday Street, Room 415
Baltimore, MD 21202

Legislative Oversight Hearing

Public Safety

LO25-0013

Legislative Oversight – Opioids, Harm Reduction, and Overdose Prevention

For the purpose of inviting representatives from the Baltimore City Fire Department, the Baltimore Police Department, the Office of Emergency Management, the Baltimore City Health Department, the Baltimore City State’s Attorney’s Office, the Maryland Department of Health, U.S. Attorney for the District of Maryland, and advocates on this issue to discuss opioid use and overdose statistics in Baltimore and to devise pragmatic public health-centered solutions to this city and nationwide crisis.

REPORTING AGENCIES

Baltimore City Health Department	Baltimore Police Department
Baltimore City Fire Department	

BACKGROUND

Baltimore City has become the epicenter of the United States’ opioid addiction and overdose crisis. Once considered a model in overdose prevention and response,¹ the City’s efforts have stalled – over the past 7 years, over 6,000 people have died following an overdose, and between 2013 and 2022 fatal overdoses in the City tripled as synthetic opioids came to dominate the market². In 2023 fatal overdoses in Baltimore per 100,000 residents were about three times state and national levels.³

Historically, the City was known for efforts to quickly implement new and effective solutions to substance abuse-related issues, being among one of the earliest jurisdictions to introduce systems like syringe exchanges, distribution of buprenorphine and Narcan, and aggressive public awareness campaigns.⁴ However, despite those efforts, and resulting recognition from national health officials as recently as 2018, the City’s death rate from 2018 to 2022 climbed to almost twice that of any comparable major city.⁵

Since 2018, amidst increasing overdoses, elevated homicide rates, and the COVID-19 pandemic, City efforts to combat the opioid epidemic have fallen into disrepair – public addiction service tracking fell out of use, public awareness campaigns became far less aggressive, and Health Insurance Portability and Accountability Act protections left city agencies wary of sharing overdose data. In addition, overdose response is complicated by a host of different preventative and reactive service providers including emergency services, the Health Department, and private actors including Johns Hopkins. Together, this left many officials in the dark on the extent of the city’s crisis,⁶ in turn leaving city

residents suffering from opioid use disorder, particularly black men,⁷ at greater risk of overdose without effective oversight.⁸

Amidst the surge in overdoses, in 2018 the City sued major players in the opioid industry and, despite the option to join settlements with other jurisdictions, the City chose to opt out of those settlements in favor of pursuing its own. Since then, the City has reached discrete settlements totaling over \$400 million.

More recently in August 2024, following a series of similar settlements with pharmaceutical companies, Mayor Scott issued an Executive Order to establish processes for how the City would manage incoming restitution funds. Specifically, that Order required: the creation of a segregated account for opioid restitution funds; the creation of a Trust to sustain the impact of the received funds; thorough reporting and transparency on the use of restitution funds and related programs; new positions within the Mayor's office to oversee the City's response to the opioid epidemic; and, the establishment of a Restitution Advisor Board to guide the use of funds received from opioid-related settlements.⁹

Subsequent to Mayor Scott's Executive Order, the Mayor's Office of Overdose Response initiated the process of creating a comprehensive strategic plan which, while still open to public feedback, sets a target of reducing overdose deaths 40% by 2040 and outlines five key priorities: addressing racial, sex, and aged based disparities among populations suffering from addiction and overdose; dismantling information silos to improve coordination across systems; confronting stigma so people feel welcome and safe in asking for help; increasing access to low-barrier services; and improving the quality of substance use disorder treatment.¹⁰ Currently, the Administration indicates that it is actively conducting community engagement and needs assessments; working to publish a final plan; and, setting annual funding priorities.¹¹

Today, despite progress on the legal and financial fronts, city residents are still dealing with the ongoing crisis. Just recently, a "bad batch" of street drugs sent at least 27 people in the Penn North neighborhood to the hospital in what has been characterized as a "mass overdose."¹² However, in 2024, the city saw a significant drop in overdose deaths.¹³

FISCAL NOTE

The City has significantly increased funding for substance abuse-related issues over the past several years. In 2024, the Department of Health spent just over \$3.2 million on services to address substance abuse and mental health disorders but in 2026, the Department is budgeted to spend over \$9.8 million, with the bulk of the increase being allocated from funds received from settlements with pharmaceutical companies. 2026 will also mark the first year that funds are allocated for the administration of the Opioid Restitution Fund and disbursement of money from that fund to grant recipients. In total, the administrative costs and grant disbursements for fiscal year 2026 total over \$21 million. In addition, the City budgets for services that have more minor substance abuse treatment-related functions including School Health and allocates money to other related programs from the Opioid Restitution Fund.¹⁴

Among others making up the City's \$400 million in settlement funds,¹⁵ the City reached a \$45 million settlement with the pharmaceutical company Allergan in June 2024, which came after a state of Maryland settlement for \$38 million from which Baltimore City would have only been awarded \$7 million spread over seven years.¹⁶ More recently, a Baltimore jury found drug distributors McKesson and Amerisource-Bergen liable for over \$266 million in damages related to their role in exacerbating the city's opioid crisis;¹⁷ however, the award determined by the jury was later ruled too high by the presiding judge who offered the city a retrial or significantly reduced settlement.¹⁸

REFERENCES

- ¹ <https://pmc.ncbi.nlm.nih.gov/articles/PMC6927887/>; <https://www.thebaltimorebanner.com/community/public-health/baltimore-opioid-overdose-capital-ZWBYWMCJ45CGNPCGAMFOE6YDGI/>
- ² <https://www.thebaltimorebanner.com/community/public-health/baltimore-opioid-overdose-capital-ZWBYWMCJ45CGNPCGAMFOE6YDGI/>
- ³ <https://health.baltimorecity.gov/sites/default/files/bcmoor-strategic-plan-0625.pdf>
- ⁴ <https://www.thebaltimorebanner.com/community/public-health/baltimore-opioid-overdose-capital-ZWBYWMCJ45CGNPCGAMFOE6YDGI/>
- ⁵ <https://www.thebaltimorebanner.com/community/public-health/baltimore-opioid-overdose-capital-ZWBYWMCJ45CGNPCGAMFOE6YDGI/>; <https://health.maryland.gov/dataoffice/Pages/mdh-dashboards.aspx>
- ⁶ <https://www.thebaltimorebanner.com/community/public-health/baltimore-opioid-overdose-capital-ZWBYWMCJ45CGNPCGAMFOE6YDGI/>
- ⁷ <https://www.thebaltimorebanner.com/community/public-health/us-overdose-data-black-men-SE3ZYFVJHZFW5LQR4T5TA2N6E4/>
- ⁸ <https://www.thebaltimorebanner.com/community/public-health/baltimore-opioid-overdose-capital-ZWBYWMCJ45CGNPCGAMFOE6YDGI/>
- ⁹ <https://health.baltimorecity.gov/sites/default/files/Signed%20Executive%20Order%20Opioid%20Restitution%20Funds.pdf>
- ¹⁰ <https://health.baltimorecity.gov/sites/default/files/bcmoor-strategic-plan-0625.pdf>
- ¹¹ <https://health.baltimorecity.gov/substance-use/opioid-restitution-fund>
- ¹² <https://www.thebaltimorebanner.com/community/local-news/west-baltimore-overdoses-HRB4ZU3VHJA6ZPJ3GCGCVAG6VE/>
- ¹³ <https://health.maryland.gov/dataoffice/Pages/mdh-dashboards.aspx>
- ¹⁴ <https://bbmr.baltimorecity.gov/sites/default/files/upload/FY2026%20Agency%20Detail%20Volume%20I.pdf>; <https://bbmr.baltimorecity.gov/sites/default/files/upload/FY2026%20Agency%20Detail%20Volume%20II.pdf>
- ¹⁵ <https://health.baltimorecity.gov/substance-use/opioid-restitution-fund>
- ¹⁶ <https://www.thebaltimorebanner.com/politics-power/local-government/baltimore-allergan-settlement-opioid-4A3H6D2EYFGYDPFWZEI35JMTWE/>
- ¹⁷ <https://www.wbalv.com/article/baltimore-opioid-lawsuit-verdict-mckesson-amerisource-bergen/62885435>
- ¹⁸ <https://www.wypr.org/wypr-news/2025-06-12/baltimore-judge-says-jury-gave-too-much-to-city-in-opioid-trial-decision>

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Analysis Date: 7/17/2025

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Baltimore City Council



Public Safety

Committee

LO25-0013

Opioids, Harm Reduction, and

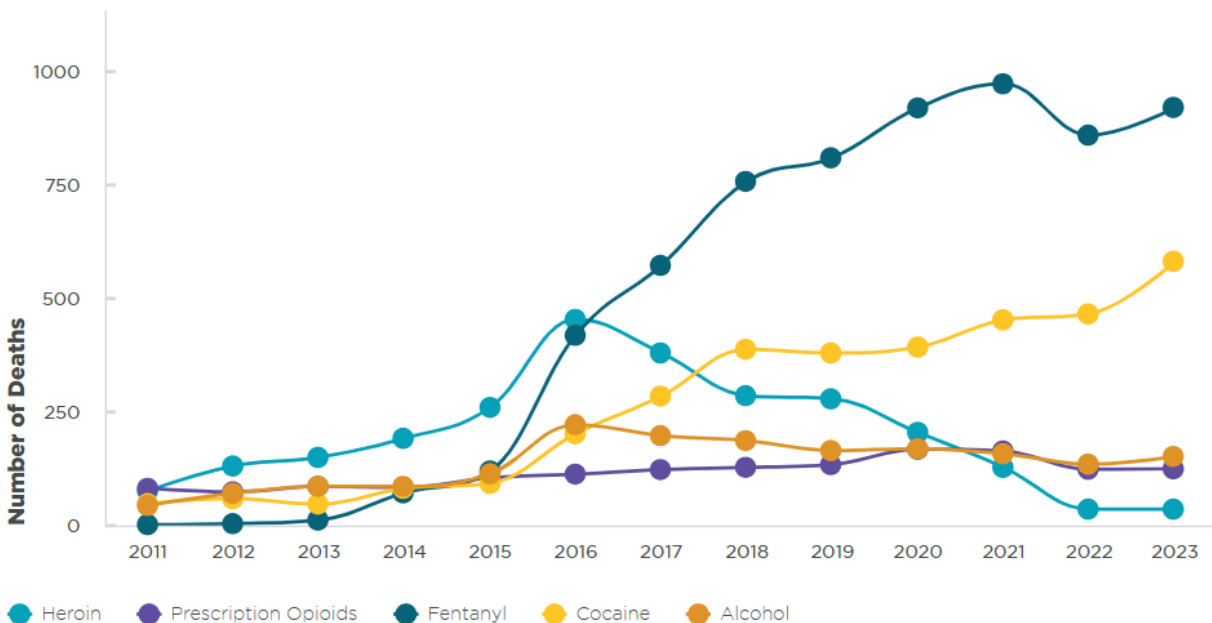
Overdose Prevention

Agency Reports

BCHD Responses to Chair Conway's Data Request

Overdose fatalities and non-fatal incidents by drug type (Heroin, Fentanyl, Xylazine, etc.): Year-over-year trends, ideally covering a timeline sufficient to show the rise of fentanyl-related deaths.

The graph below shows the number of drug-related intoxication deaths in Baltimore City by year and substance, from 2011-2023. This data was obtained from the 2023 Unintentional Drug- and Alcohol-related Intoxication Deaths in Maryland Report by the Maryland Department of Health (MDH). Similar data are available on MDH's [publicly available dashboard](#). Note that data was not available for xylazine or other emerging substances.



We are not aware of a data source for substances involved in non-fatal incidents at the state or local levels; however, there is limited publicly available data through the state's drug checking program, [Rapid Analysis of Drugs \(RAD\)](#). The purpose of the program is to better understand the Maryland drug market, empower individuals who use drugs with knowledge about the drug supply, and to identify new and emerging trends in the drug supply.

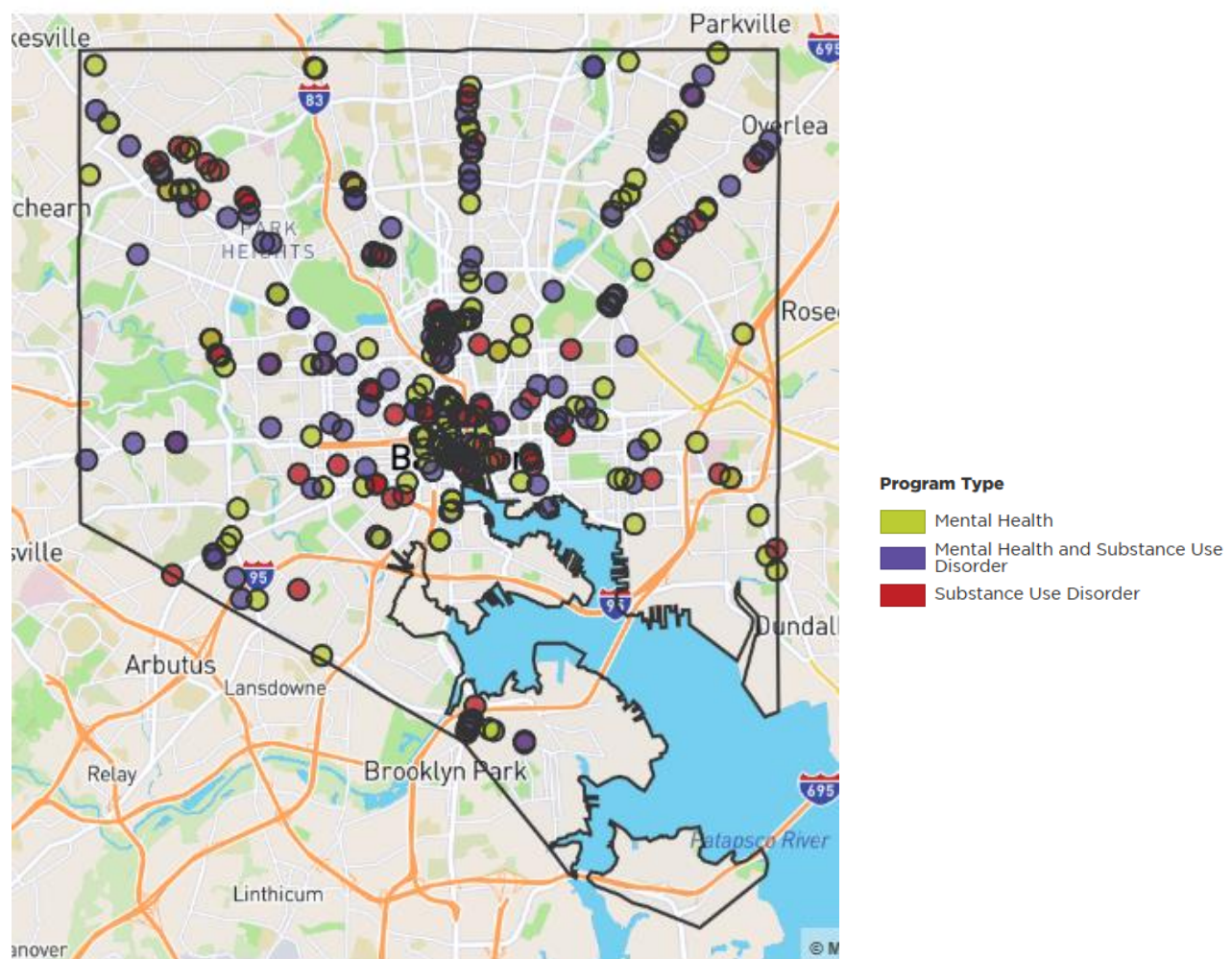
Addiction prevalence and treatment access: Estimated number of residents living with opioid use disorder, availability of treatment (especially medication-assisted treatment), average wait times, and gaps in capacity by geographic area.

We are not aware of a source for the number of Baltimore City residents living with substance use disorder. There is county-level data available on the prevalence of illicit drug use, but it is not broken down by the type of drug used – or, importantly, whether the person who used the drug has a substance use disorder. As of 2023

(the most recent year for which data is available), 4.2% of Baltimore City adults reported having taken “drugs, such as benzodiazepines, cocaine, heroin, amphetamines, or anything NOT prescribed by [their] doctor” in the past year. This data was sourced from the [Maryland Behavioral Risk Factor Surveillance System](#).

In the past, information on different types of drug use among adults was collected through the National Survey on Drug Use and Health (NSDUH). However, we do not have current estimates specifically for Baltimore City because NSDUH is designed to provide reliable data at the state level, not for individual cities. Additionally, data collection faced major challenges in recent years (like changes to survey methods and disruptions during the COVID-19 pandemic) which limited the availability of local estimates. The [most recent sub-state data](#) including Baltimore City are from 2016.

We are not aware of any data sources for wait times. Below, we have included a map of licensed and certified mental health and substance use disorder service providers. This information came from MDH.



Additionally, the federal Substance Abuse and Mental Health Services Administration has [a publicly available treatment locator](#) (if curious, go to the link and enter a Baltimore City ZIP code; it will bring up a map of the whole city).

Naloxone distribution and use: Number of kits distributed and known reversals, broken down by location and source (public programs, partners, etc.).

Below, we have provided information about the number of kits distributed and the number of people trained by BCHD. However, we do not have permission from MDH to share data for non-City-government organizations. Note that [MDH's overdose dashboard](#) includes some information about naloxone distributed in Baltimore by all overdose response programs in Baltimore City.

BCHD naloxone distribution:

- 131,000+ naloxone doses distributed between 2015 and 2023
- 40,000+ people trained since 2015
- 13,000+ two-dose kits distributed between 2023 and 2024

BCHD distributes naloxone to treatment centers, syringe services program (SSP) clients, community members via street-based outreach and community trainings, recovery homes, universities, churches, local businesses, community and more across the city. We don't have data on where each kit was provided.

BCHD cannot readily provide data on the use of naloxone. The agency collects this information from our SSP clients when they request naloxone (program staff then ask them whether and where they used their previous doses). Reversal reports are highly encouraged but are not required by MDH. BCHD does not collect data on naloxone use by those not enrolled as SSP clients.

Geographic "hotspot" analysis: Identification of overdose hotspots over time, particularly noting any geographic shifts linked to changes in drug supply (e.g., fentanyl and xylazine introduction).

Data for fatal overdoses by geographic area is not yet shareable by BCHD, though [MDH's overdose dashboard](#) displays some data by ZIP code. We have spent many years working with MDH to obtain permission to publicly share aggregated fatal overdose data. However, our data validation process with data from the MDH Office of the Chief Medical Examiner revealed discrepancies between our dataset and the publicly available numbers on MDH's overdose dashboard. To ensure accuracy, we are working with MDH to resolve these differences and align our data. We will be adding geographic analyses to the overdose needs assessment dashboard once this process is complete.

For information on "hotspots" of non-fatal overdoses, we recommend reaching out to Fire for data on EMS opioid overdose reversals (a proxy for nonfatal overdose). We can't share it ourselves, as it's Fire's data and are HIPAA protected. There is a

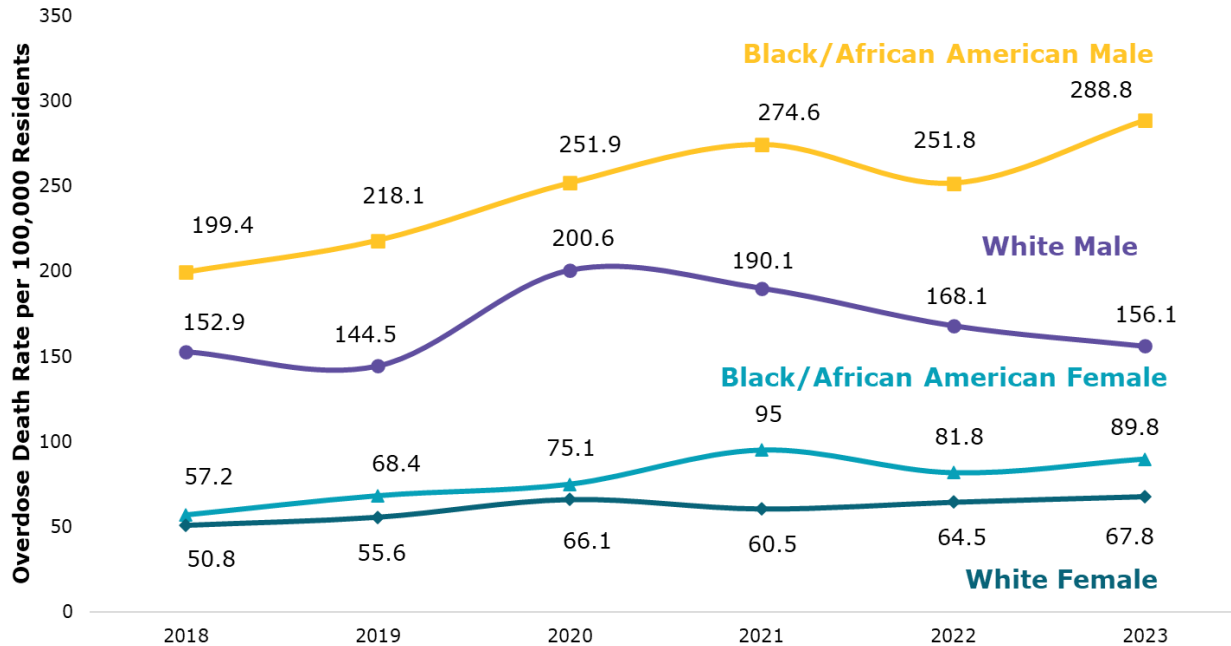
map of EMS opioid overdose reversals on the City’s needs assessment dashboard. Click [here](#), then click the very last dropdown menu for “Neighborhood.”

Historical narrative of the opioid crisis in Baltimore: A timeline or narrative detailing major shifts in drug trends and public health strategy over the past 10–15 years.

Timeframe & Trend	Public Health Strategies
Wave 1: 1999-2010 Rise in prescription opioid deaths	Baltimore City Needle exchange, also called syringe services programs (SSPs) (1994), drug take-back programs, opioid prescribing guidelines, Baltimore City Staying Alive program (2004)
Wave 2: 2010-2016 Rise in heroin deaths	First responder naloxone access, prescription drug monitoring program (2014), overdose fatality review (2014)
Wave 3: 2014-present Rise in synthetic opioid deaths	Expansion of SSP programs, wide naloxone distribution, fentanyl test strips, peer recovery outreach, Baltimore City naloxone standing order (2015)
Wave 4: 2016-present Rise in synthetic opioid combined with stimulants deaths	Mobile treatment clinics, harm reduction vending machine, syringe disposal drop boxes, overdose prevention center advocacy, Kids Off Drugs school-based program, addition of backpacking model for BCHD’s SSP program

Demographic Analysis. Identification of overdose by race, gender, and socioeconomic status.

BCHD is able to provide information on fatal overdoses by race and gender. The graph below shows the rate of fatal overdoses per 100,000 Baltimore City residents by race, sex, and year from 2018-2023. Data was obtained from the Centers for Disease Control and Prevention.



Note: Other groups are not visible on this graph because of low counts (this is important for protecting people's identities).

We recommend reaching out to Fire for specific questions about data on EMS opioid overdose reversals (a proxy for nonfatal overdose) by race and gender. EMS opioid overdose reversal data by race and sex are publicly available on the [Overdose Needs Assessment Dashboard](#).

Regarding socioeconomic status (SES), BCHD is working to access data on fatal overdose by educational attainment. We expect to include a graph of this information in slides for the hearing. To our knowledge, other measures of SES, like income, are not collected for decedents or persons who have experienced non-fatal overdose.





Legislative Oversight Hearing: LO25-0013 - Opioids, Harm Reduction, and Overdose Prevention

July 29, 2025



Brandon M. Scott
Mayor, Baltimore City
Mary Beth Haller
Interim Commissioner of Health, Baltimore City

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Agenda

- Behavioral health ecosystem in Baltimore City
- History of the opioid crisis in Baltimore City
- Temporal and demographics trends in fatal overdoses
- Naloxone distribution
 - We will speak about our other strategies at the next hearing
- Treatment access



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The data we will share with you today came from several sources

- Qualitative data gathered via citywide survey, key informant interviews, and listening sessions conducted as part of the Baltimore City Overdose Needs Assessment
- National data sets (e.g., CDC WONDER)
- Publicly available data from the Maryland Department of Health (MDH)
- BCHD's internal data related to our programs



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Mayor's Office of Overdose Response (BCMOOR)

Coordinates the activities of City agencies, chairs the Mayor's Overdose Cabinet, chairs the Restitution Advisory Board.

Behavioral Health System Baltimore (BHSB)

Nonprofit local behavioral health authority for Baltimore City. Manages the city's public behavioral health system, administers state & federal funding, provider accountability.

Baltimore City's Behavioral Health Ecosystem

City Agencies

Baltimore City Health Department provides overdose prevention, harm reduction, & treatment services; Baltimore City Fire Department operates the population health initiative, conducting outreach & referrals.

Community Providers

Independent of City government. Include community-based organizations, public & private clinics, and hospitals.

The State: Sets regulations; responsible for licensure, oversight, & funding

History of the opioid crisis in Baltimore City

- Following the crack epidemic in the 1980s, the increased prescribing of opioids in the 1990s triggered the **first wave** of the opioid crisis in the City and across the country
- As a result of national policies in the mid-2000s to restrict overprescribing, heroin use increased, driving the **second wave** of the crisis around 2010
- By 2013, the crisis entered the **third wave**, fueled by the rise of synthetic opioids, particularly illegally made fentanyl and fentanyl analogs
- Today, the **fourth wave** is characterized by widespread mixing of fentanyl with other substances, particularly stimulants like cocaine
 - In recent years, non-opioid sedatives (i.e., xylazine) have also been increasingly found in fentanyl analogs



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History of public health strategies in Baltimore City

Timeframe & Trend	Public Health Strategies
Wave 1: 1990s-2010 Rise in prescription opioid deaths	Baltimore City Needle Exchange (syringe services program/SSP) (1994), drug take-back programs, opioid prescribing guidelines, Baltimore City Staying Alive program (2004)
Wave 2: 2010-2016 Rise in heroin deaths	First responder naloxone access, prescription drug monitoring program (2014), overdose fatality review (2014)
Wave 3: 2013-present Rise in synthetic opioid deaths	Wide naloxone distribution, fentanyl test strips, peer recovery outreach, Baltimore City naloxone standing order (2015)
Wave 4: 2016-present Rise in synthetic opioid combined with stimulants deaths	Mobile treatment, harm reduction vending machine, syringe disposal drop boxes, overdose prevention center advocacy, addition of backpacking model for SSP, expansion of SSPs to CBOs, Kids Off Drugs, data dashboards

Waves adapted for Baltimore City data trends based on Friedman J, Shover CL. Charting the fourth wave: Geographic, temporal, race/ethnicity and demographic trends in polysubstance fentanyl overdose deaths in the United States, 2010–2021. *Addiction*. 2023; 118(12): 2477–2485. <https://doi.org/10.1111/add.16318>



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Contributing factors

The overdose crisis is complex and caused by many interconnected factors. These include but are by no means limited to:

- Overprescribing
- Rise of fentanyl
- Emerging substances
- Impacts of COVID-19 pandemic
- Untreated mental health conditions
- Inadequately met social needs – also called the “social determinants of health” (e.g., housing, food, etc.)
- Trauma
- Social isolation
- Stigma



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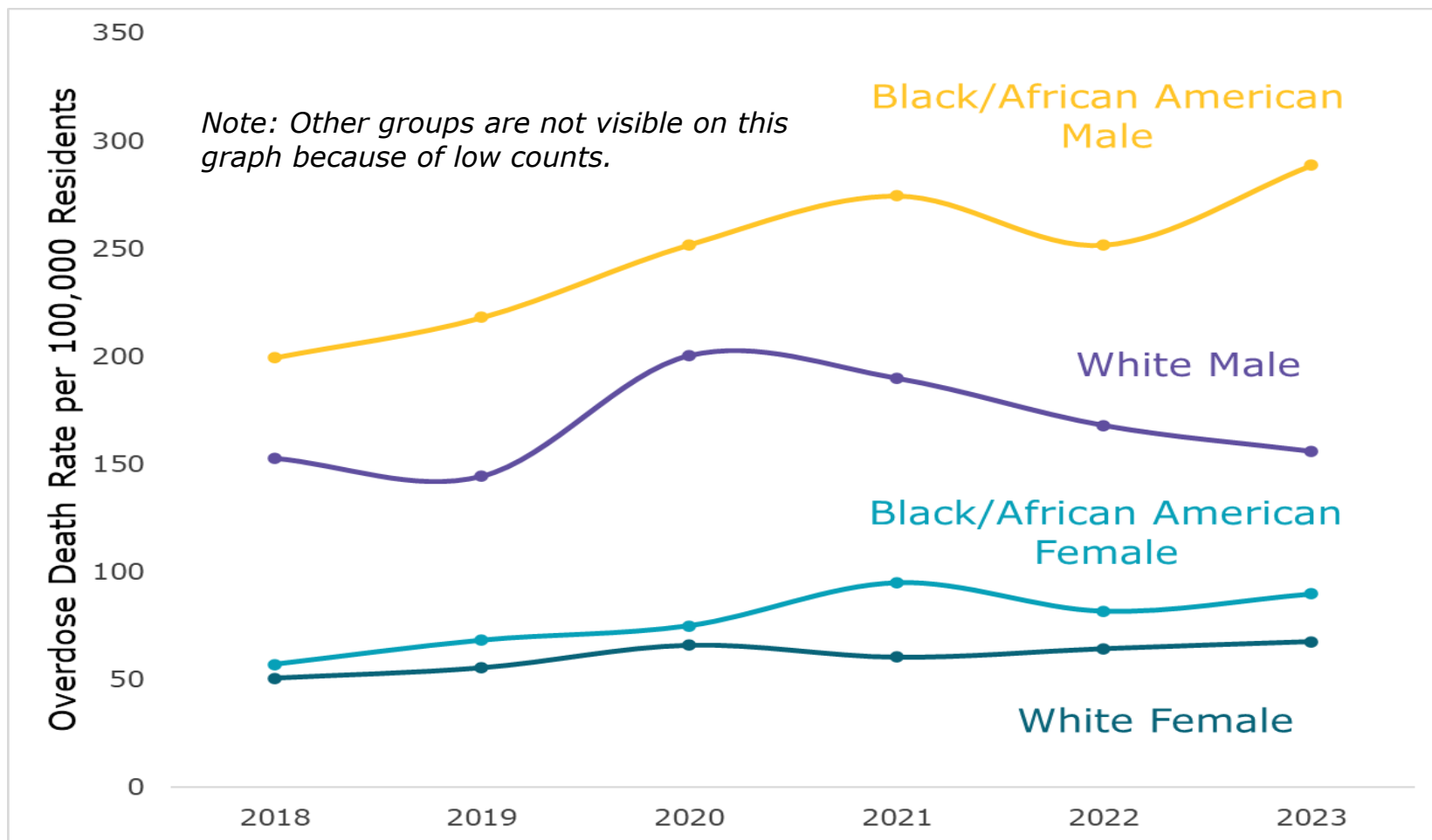
Temporal and demographics trends in fatal overdoses



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Overdose death rate per 100,000 residents by race, sex, and year, Baltimore City, 2018-2023



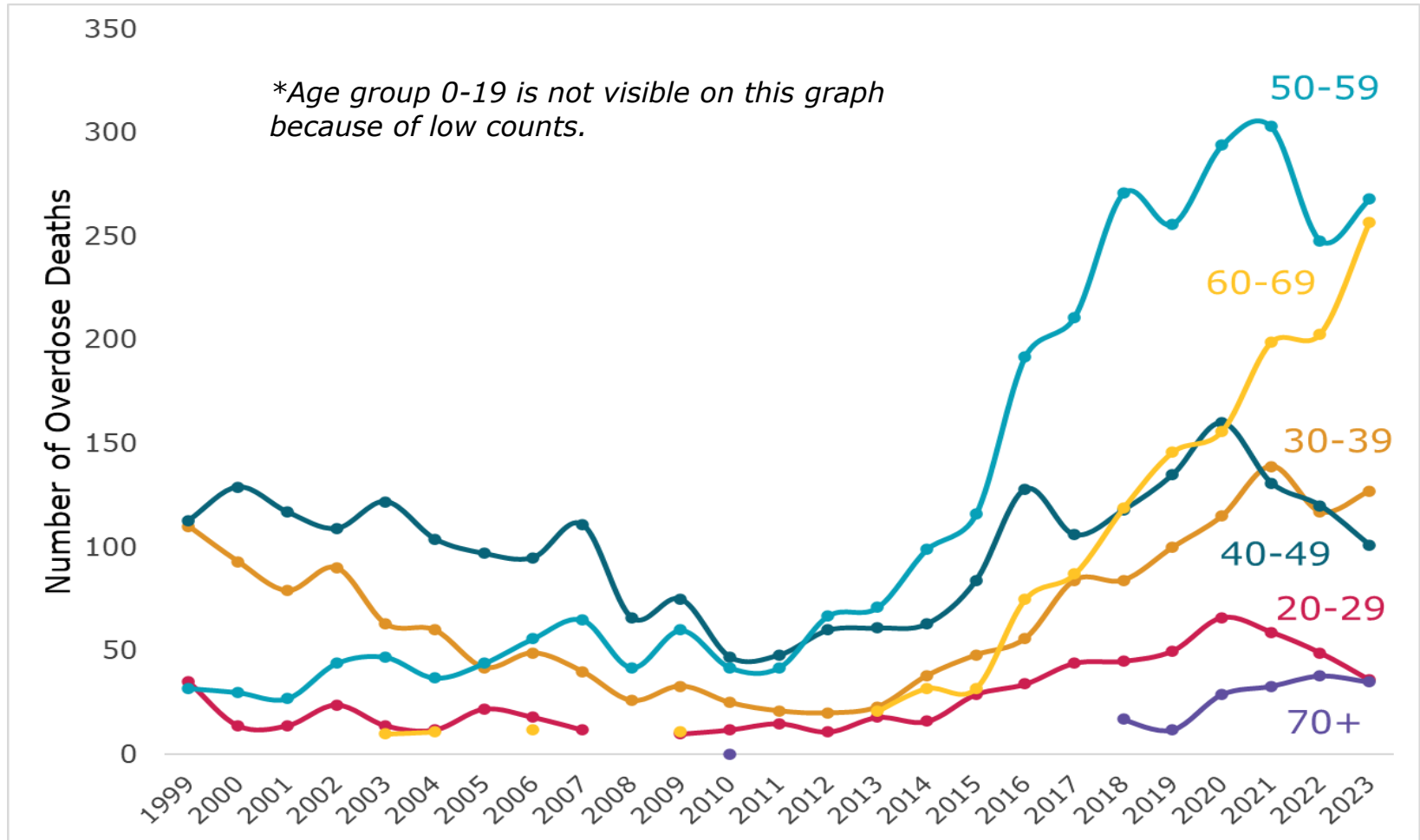
Source: CDC WONDER



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Number of overdose deaths by age group and year, Baltimore City, 1999-2023



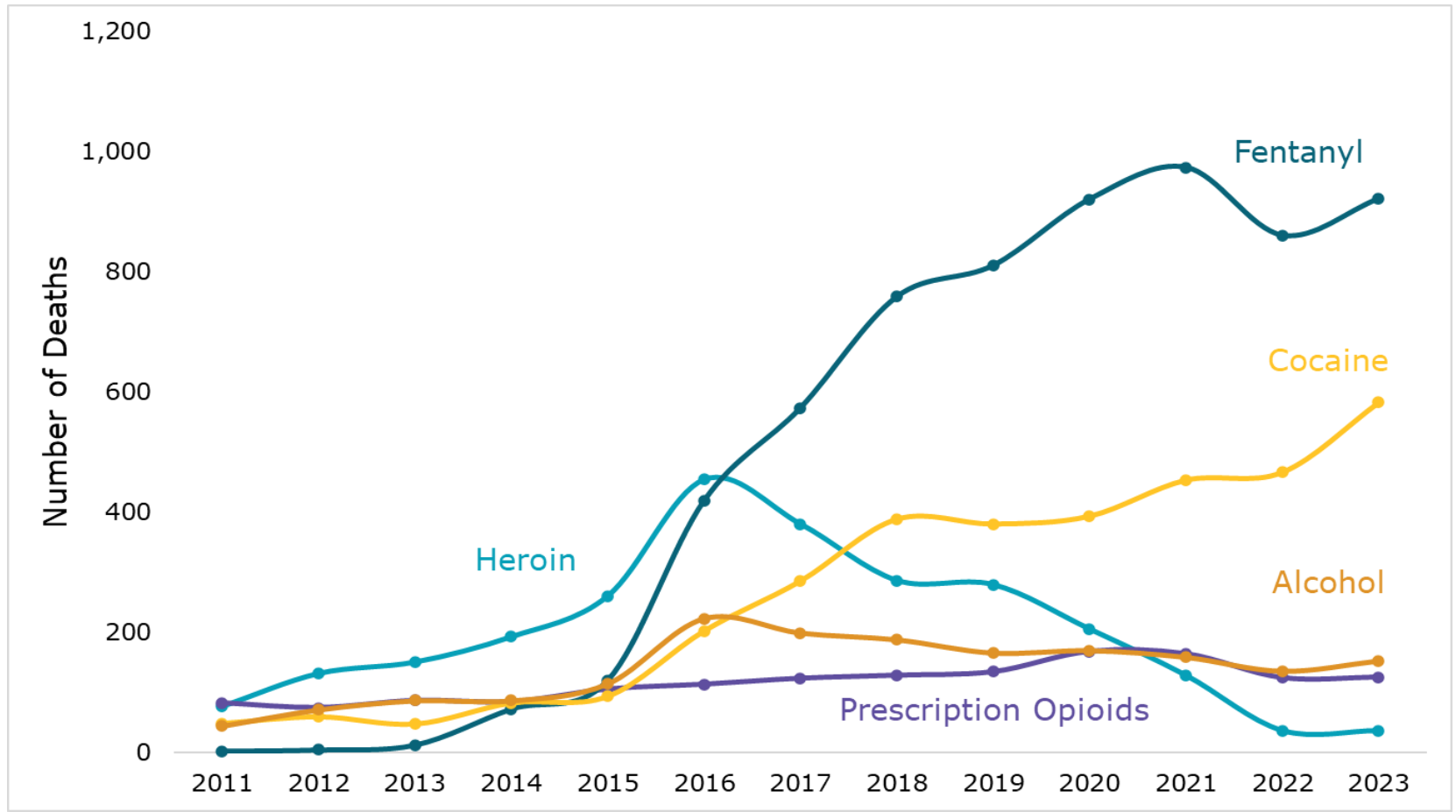
Source: CDC WONDER



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Number of drug-related intoxication deaths by substance and year, Baltimore City, 2011-2023

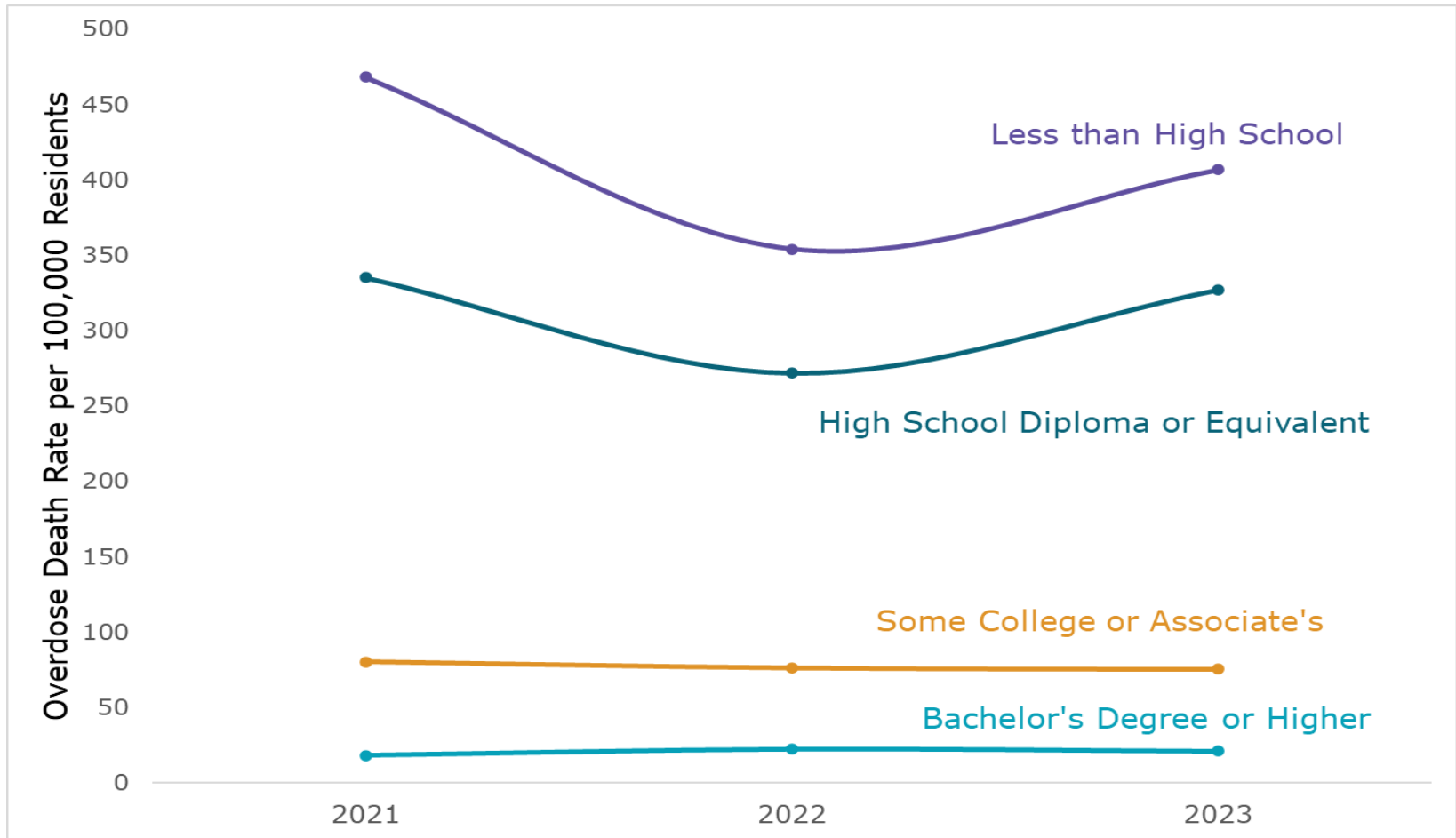


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Source: MDH Vital Statistics Administration Unintentional Drug and Alcohol-Related Intoxication Deaths 2023 Annual Report



Overdose death rate per 100,000 residents by education level and year, Baltimore City, 2021 - 2023



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Source: CDC WONDER. Note: Educational attainment data were not collected prior to 2021 and are still often missing.



Naloxone distribution



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BCHD naloxone distribution & education

- BCHD provides harm reduction services through 2 programs
 - **Community Risk Reduction Services (CRRS)**
 - operating since 1994
 - **Health Care on the Spot (the Spot)**
 - operating since 2018
- Both programs provide naloxone distribution and overdose prevention education
- BCHD also provides naloxone trainings in communities across Baltimore City since 2004 and online since 2016



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CRRS: A small but mighty team

- Team of less than 20 people
- Embedded in neighborhoods across the city through our **mobile vans** and **street-based outreach**
- In addition to naloxone distribution and education, provide:
 - Syringe services, peer support, referrals to treatment, HIV and STI testing and treatment, reproductive care, wound care and personal care kits, and more
 - We also engage community members with education and outreach (residents, business owners, etc.), observe community needs, and do syringe litter clean ups
- Active participants in more than five community-led initiatives



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Our approach to community engagement

- CRRS has maintained a consistent presence in many communities across the city for **more than 15 years – some for more than 25**
- We select locations based on **need** and **community input**
- We **always** do community engagement before we enter a community
 - We highly value community input – what the community needs and what services they want
- If the community does not want the program there, we work with them to find a solution (e.g., backpacking model)



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BCHD's naloxone distribution & education

131,000+

Naloxone doses distributed between 2015 and 2023

40,000+

People trained since 2015

13,000+

Two-dose kits distributed between 2023 and 2024

988

Employees trained via Workday since August 2023 (also train staff in-person)



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Where we do this

- CRRS provides naloxone education and distribution proactively in **high-need areas**, in response to **community requests**, and in response to **overdose spikes**
- **CRRS goes where we are needed.** We provide education and distribution...
 - during street outreach
 - at pop-ups
 - at community meetings
 - at senior centers and older adult housing
 - at recovery homes
 - at churches
 - at universities
 - at local businesses
 - and more



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Current schedule



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Sustained presence in communities

Current CRRS Sites	Started	Years
Monroe & Ramsey	1999	26+
Fremont & Riggs	2002	23+
Baltimore & Gay	2008	17+
Park Heights & Spaulding	2009	16+
Fremont & Laurens	2010	15+
Baltimore & Conkling (Highlandtown)	2010	15+
Westport	2024	1+

And this is just where we are right now! We have been in many other neighborhoods that needed us throughout the years.



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Access to treatment



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The Spot: providing access to low-barrier treatment

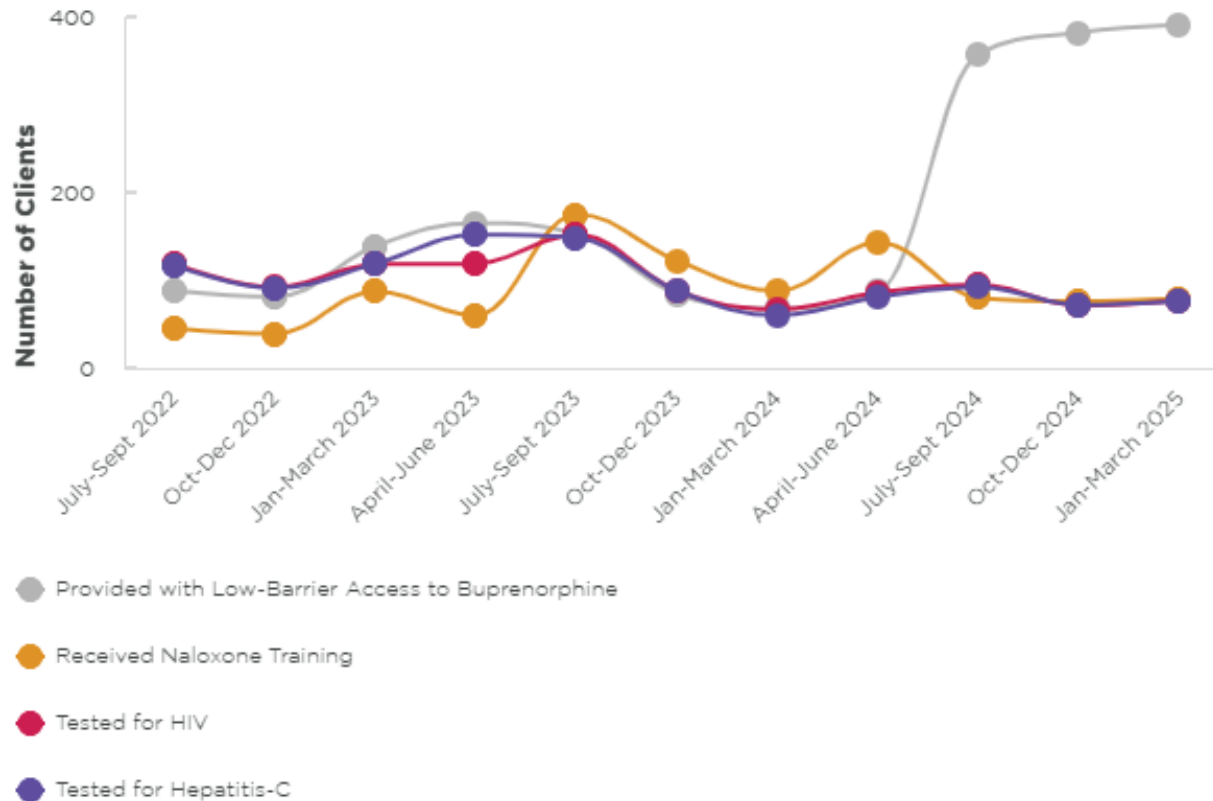
- Public-Private Partnership with Johns Hopkins School of Medicine
- Provides low-threshold treatment for substance use disorder. Services include STI/HIV testing and treatment, PrEP and PEP for HIV prevention, Hepatitis C testing and treatment, buprenorphine, wound care, and case management
- Last quarter, the Spot tested 76 people for Hepatitis C and 77 people for HIV, provided 79 people with naloxone training, and provided about 400 people with low-barrier access to buprenorphine
- Since March 2022, Spot has prescribed buprenorphine to **over 3,800** individuals and tested over 1,000 individuals for HIV and Hep C



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Mayor, Baltimore City
Mary Beth Haller
Interim Commissioner of Health, Baltimore City

 **BALTIMORE
CITY HEALTH
DEPARTMENT**

Number of clients who received services from the Spot by services & quarter, Q3 2022- Q1 2025



Source: Baltimore City Health Department as of 5/30/2025.



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Interim Commissioner of Health, Baltimore City



The Spot Mobile Healthcare



BALTIMORE
CITY HEALTH
DEPARTMENT



Daily Schedule

MONDAYS & WEDNESDAYS:

Charm City Care Connection, 1214 N. Wolfe St (9a-1p)

TUESDAYS: S. Monroe St & Ramsay St (9a-1p)

THURSDAYS: N. Fremont Ave & Laurens St (9a-1p)
OR Pennsylvania Ave & Cumberland St (9a-1p)

The Spot is closed on city/federal holidays and the daily schedule is subject to change. Please call our main line (443-483-6150) to confirm our hours/location.

Tel: 443-483-6150

Phone service available is
Mon. - Fri., 8:30 am - 4:30 pm.
If we are unable to answer, please
leave a voicemail or send a text to
receive return call.

**Mobile healthcare in
your neighborhood!**

Testing and treatment:

STIs, HIV, Hepatitis C

PrEP

**Opioid Use Disorder
treatment (buprenorphine)**

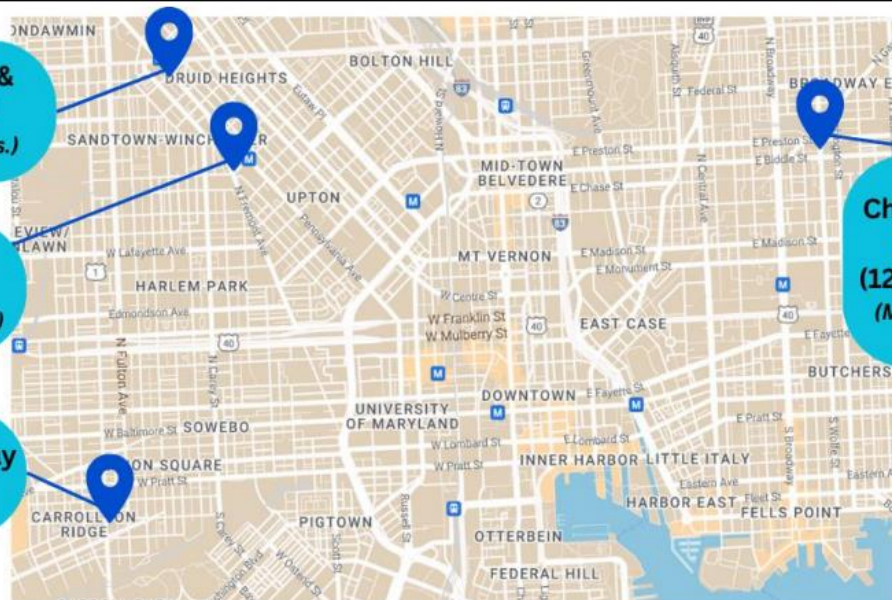
Wound care

**Syringe services, condoms &
Narcan**

Pregnancy testing

Case management services

Health insurance enrollment



**Pennsylvania &
Cumberland
(every other Thurs.)**

**Fremont &
Laurens
(every other Thurs.)**

**Monroe & Ramsay
(Tuesdays)**




**Charm City Care
Connection
(1214 N Wolfe St)
(Mondays & Wed.)**

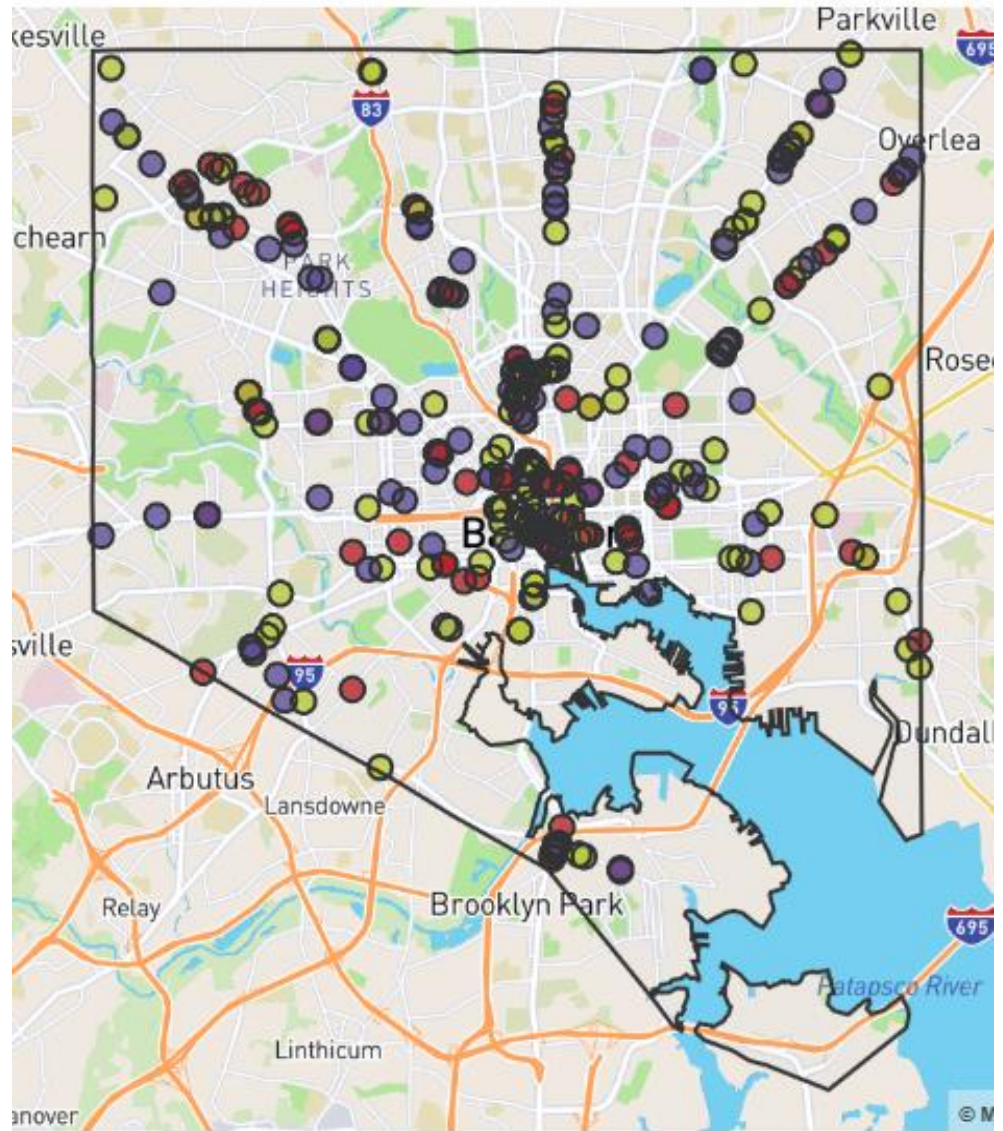


**The Spot team
in action**

Mental health and substance use licensed and certified providers and programs, Baltimore City

Program Type

-  Mental Health
-  Mental Health and Substance Use Disorder
-  Substance Use Disorder



Source: MDH Behavioral Health
Administration as of 5/5/2025



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Interim Commissioner of Health, Baltimore City

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CITY HEALTH
DEPARTMENT**

Baltimore City has many primary care and mental health care providers

- Baltimore City has more mental health providers and primary care doctors per person than Maryland and the US overall
- According to MDH, among licensed and certified behavioral health programs serving Baltimore City,
 - 39% are mental health-related
 - 24% are SUD-related
 - 37% are both mental health- and SUD-related
- However, this does not necessarily mean residents are accessing this care – or that the care is meeting their needs



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Interim Commissioner of Health, Baltimore City

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The needs assessment found that:

- Barriers to accessing medication for opioid use disorder include stigma, lack of knowledge of available resources, and transportation
- Quality of community-based treatment can be improved
 - Community members noted poor conditions, rigid program guidelines
 - Gaps in social support services leave many without resources to continue care
 - 49% of Community Input Form respondents identified smoother transitions between residential and outpatient treatment as a critical need
- Access to treatment and quality of treatment are both priorities in the strategic plan



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Mayor, Baltimore City
Mary Beth Haller
Interim Commissioner of Health, Baltimore City

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CITY HEALTH
DEPARTMENT**

Thank you for your time. Questions?



Brandon M. Scott
Mayor, Baltimore City
Mary Beth Haller
Interim Commissioner of Health, Baltimore City





BRANDON M. SCOTT
MAYOR
*100 Holliday Street, Room 250
Baltimore, Maryland 21202*

TO	Chairman Mark Conway – Public Safety Committee
FROM	Erin C. Murphy Esq. – Chief of Staff and Government Affairs - BPD
DATE	7/21/25
SUBJECT	Data Request
REQUEST TOPIC	Opioid Data in preparation for PSC hearing

Background

In preparation for a Public Safety Committee Hearing on July 29th at 1 PM with a topic of Opioid Use and Overdose, the Baltimore Police Department has compiled the requested data from Chairman Conway.

Response

1. Drug-Related Arrests Involving Opioids - Annual totals of possession and distribution arrests, with demographic and geographic breakdowns.

BPD can only provide data for drug possessions and distribution of all drugs. Our charging data does not aggregate out for just opioids, which can include heroin, fentanyl, oxycodone and many other variations.

2. Police Responses to Overdoses - Number and location of overdose-related incidents involving police response, including any cases where officers administered naloxone and the corresponding outcomes.

Please see the attached data.

3. Cross-Agency Collaboration - Does BPD collaborate with the Health Department, the fire Department, and other agencies to prioritize activity around opioids, and what are those collaboration efforts?

In July of 2024, a collaborative of law enforcement; emergency health responders; the Mayor's Office; city leadership; as well as State and City agencies tasked with addiction harm reduction, overdose prevention and treatment, organized to develop a coordinated response to localized fentanyl distribution, addiction and fatal overdoses. This body broke into working groups to focus on their areas of expertise.

A law enforcement working group made up of the BPD, Attorney General's Office, MONSE, HIDTA, the Drug Enforcement Administration and the SAO was developed. This working group designed a coordinated law enforcement response to drug trafficking organizations responsible for driving overdose



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MAYOR

*100 Holliday Street, Room 250
Baltimore, Maryland 21202*

deaths in the city. From this working group, an area of the city in Southern Baltimore was identified for a coordinated response. The law enforcement action was successful in identifying, investigating and indicting a drug trafficking organization that was dealing fentanyl on a large scale.

The mission of the overdose response working group is to mitigate the overdose crisis in Baltimore through a comprehensive, data-driven, and compassionate response that integrates immediate emergency response and treatment services following a disruption event.

We aim to:

- Respond to immediate need by equipping and leveraging community partners and first responders with life-saving tools and ensuring rapid intervention.
- Expand access to harm reduction, treatment and recovery services by connecting individuals to immediate and long-term support services.
- Leverage data-driven strategies to track trends, measure effectiveness, and adapt our response for maximum impact.

Through collaboration, accountability, and innovation, the overdose response working group works to reduce overdose deaths, support affected communities, and build a safer, healthier Baltimore. To this end, the partners of this working group, to include Baltimore City Overdose Response, MONSE, BPD, Baltimore City Health Department, Maryland Health Department (MOOR), Johns Hopkins University, BCMOOR, Maryland National Guard, HIDTA, Baltimore Health Systems, Behavioral Health Leadership Institute and community partners are developing a step-by-step process that coordinates overdose treatment/prevention and harm reduction services in coordination with developing, with Baltimore CityStat, key performance indicators, to reduce the deleterious effects of fentanyl addition and fatal overdoses in our city. We have executed an initial plan following the law enforcement investigation in the Southern District, with the idea of perfecting our response while coordinating with law enforcing efforts, and place and community based responses currently in place.

Pertaining to MAITF, the Baltimore City Needle Exchange Program team (from the Health Department) often deploys to assist with our neighborhood blitz. They assist with picking up used sharps/handing out Naloxone to people on our walk with us. The Health Department is a regular participant in our blitzes.

We invite the Fire Department to give a presentation at community meetings so they could simulate the use of Naloxone on someone (plastic CPR dummy) to include inserting the device in the nostril and waiting 3-5 minutes before administering any additional doses (in addition to chest compression only CPR). They assist us with community education when requested.

In years past, trainees have gone to People Encouraging People to talk about addiction, substance abuse, and mental health.

BPD also attends meetings with Operation PULSE, which is affiliated with Johns Hopkins. Chief Branville Bard of JHPD is on the board. Eastern District supervision attends the meetings monthly.



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MAYOR

*100 Holliday Street, Room 250
Baltimore, Maryland 21202*

4. Overdose Deaths Following Incarceration - Coordination with the Maryland Department of Public Safety and Correctional Services and local reentry providers to provide data on the timing and frequency of overdose deaths post-release from jail or prison.

BPD does not collect this data.

2025 Data 1/1/25 - 7/14/25

2025

Fatal and Non-Fatal with district breakdown

***Does not include pending DOA's and Questionable Deaths with the Medical Examiner's Office**

Row Labels	Count of Fatality
Fatal	220
Central	21
Eastern	25
Northeast	12
Northern	14
Northwest	37
Southeast	23
Southern	22
Southwest	29
Western	37
Non-Fatal	429
Central	60
Eastern	52
N/A	1
Northeast	19
Northern	38
Northwest	60
Southeast	28
Southern	20
Southwest	59
Western	92
Grand Total	649

2025 Gender & Race - Fatal and Non- Fatal

*N/A data could not be verified by officer

Row Labels	Count of Case #
Female	211
Black	141
Hispanic	2
N/A	1
White	67
Male	432
Asian	3
Black	312
Hispanic	5
N/A	9
Native Hawaiian / Pacific Islander	1
White	102
N/A	6
N/A	6
Grand Total	649

Age breakdown for 2025 – Fatal and Non-Fatal

*N/A data could not be verified by officer

AGE RANGE	COUNT
Under 21	9
21-30	45
31-40	116
41-50	108
51-60	164
61-70	105
Over 71	17
N/A	85
TOTAL	649

Narcan Data 2025

*Administered by a member of BPD

District	Incidents Involving Narcan	Dosages Administered
Central	17	31
Eastern	17	31
Northeast	2	3
Northern	5	10
Northwest	11	21
Southeastern	7	13
Southern	4	6
Southwestern	10	14
Western	17	32
Total	90	161

2024 Data

2024

Fatal and Non-Fatal with district breakdown

<u>Row Labels</u>	<u>Count of Case #</u>
<u>Fatal</u>	<u>482</u>
<u>Central</u>	<u>40</u>
<u>Eastern</u>	<u>46</u>
<u>Northeast</u>	<u>31</u>
<u>Northern</u>	<u>55</u>
<u>Northwest</u>	<u>73</u>
<u>Southeast</u>	<u>55</u>
<u>Southern</u>	<u>48</u>
<u>Southwest</u>	<u>56</u>
<u>Western</u>	<u>78</u>
<u>Non-Fatal</u>	<u>1171</u>
<u>Central</u>	<u>147</u>
<u>Eastern</u>	<u>152</u>
<u>Northeast</u>	<u>52</u>
<u>Northern</u>	<u>95</u>
<u>Northwest</u>	<u>157</u>
<u>Southeast</u>	<u>117</u>
<u>Southern</u>	<u>64</u>
<u>Southwest</u>	<u>143</u>
<u>Western</u>	<u>244</u>
<u>Grand Total</u>	<u>1653</u>

2024 Gender & Race – Fatal and Non-Fatal

*N/A data could not be verified by officer

Row Labels	Count of Case #
Female	459
American Indian	1
Black	279
Hispanic	3
N/A	6
White	170
Male	1192
Asian	1
Black	858
Hispanic	27
N/A	21
Native Hawaiian / Pacific Islander	3
White	282
N/A	2
N/A	2
Grand Total	1653

Age breakdown for 2024 – Fatal and Non- Fatal

*N/A data could not be verified by officer

AGE RANGE	COUNT
Under 21	22
21-30	121
31-40	314
41-50	235
51-60	392
61-70	284
Over 71	37
N/A	248
TOTAL	1653

Narcan Data 2024

*Administered by a member of BPD

District	Incidents Involving Narcan	Dosages Administered
Central	39	73
Eastern	37	75
Northeast	4	6
Northern	17	27
Northwest	24	47
Southeastern	30	58
Southern	18	31
Southwestern	20	36
Western	69	137
Total	258	490

BALTIMORE POLICE DEPARTMENT

**Council President Zeke Cohen
Chairman Mark Conway
Vice Chairman Zac Blanchard**

July 29th, 2025



POLICY 801

■ Suspected Overdose

- If an Opioid Drug Overdose is suspected, members shall administer NARCAN if equipped to do so. If not equipped with NARCAN, the member shall immediately request a NARCAN-equipped member via radio following the request for medical aid. If the person does not respond, members shall repeat the deployment using a new NARCAN Nasal Spray ampule to give another dose in the person's other nostril.
- Members shall not take any enforcement action against an individual who sought medical attention for an emergency, or the victim of an overdose, following the ingestion of alcohol or drugs in accordance with Maryland's Good Samaritan Law (MD Code, Crim. Proc., § 1-210), and shall not pursue criminal charges against the overdose victim or others on scene where BPD has discretion to arrest.



WORKING GROUP

- **A collaborative of law enforcement; emergency health responders; the Mayor's Office; city leadership; as well as State and City agencies tasked with addiction harm reduction, overdose prevention and treatment, organized to develop a coordinated response to localized fentanyl distribution.**
 - **Goals**
 - Respond to immediate need by equipping and leveraging community partners and first responders with life-saving tools and ensuring rapid intervention.
 - Expand access to harm reduction, treatment and recovery services by connecting individuals to immediate and long-term support services.
 - Leverage data-driven strategies to track trends, measure effectiveness, and adapt our response for maximum impact.
 - **Successes**
 - From this working group, an area of the city in Southern Baltimore was identified for a coordinated response. The law enforcement action was successful in identifying, investigating and indicting a drug trafficking organization that was dealing fentanyl on a large scale.



COLLABORATION

- **Fire Department and BPD**
 - Collaborate to provide demonstrations at community meetings to inform citizens on the proper use of Narcan
- **Operation PULSE**
 - Eastern District Supervision attends monthly meetings.
- **People Encouraging People**
 - Trainees attend to have an opportunity to speak with citizens about mental health and addiction
- **Baltimore City Needle Exchange**
 - Participate in Neighborhood Blitz
 - Distribution of clean needles and disposal of used needles



LEXINGTON MARKET

■ Newly Developed Lexington Market Collaboration

- Our mission is to develop a holistic, comprehensive, data-driven, and compassionate replicable model to deliver exceptional services to the Lexington Market area.

■ We aim to:

- Deeply engage with all relevant stakeholders to assess needs and develop innovative approaches to complex challenges.
- Coordinate City services to better serve Lexington Market in a consistent and continuous approach.
- Leverage data-driven strategies to track trends, measure effectiveness, and adapt our response for maximum impact.
- Adopt a health-first approach to service delivery that is informed by and complements the existing expertise and knowledge in the neighborhood.
- Expand access to treatment and recovery by connecting individuals to immediate and long-term support services.
- Develop a strategy that addresses the underlying issues resulting in blight, unsafe conditions and community harm.
- Create a nimble approach that can be adapted and replicated to meet the unique needs of neighborhoods throughout Baltimore.



BCFD EMS

Assistant Chief James Matz



Brandon M. Scott
Mayor

BCFD POPULATION HEALTH – DATA

Operational Period July 11, 2023- July 18, 2025
474 Days

Emergency Patient and Non-Patient Contacts

911 Patient Contacts - **635**

Non-Patient Contacts (Family, Bystander,
Community Members, etc.) - **16,632**

Post Overdose Outreach

Attempts to Contact- **224**

Successfully Contacted and Began
Outreach- **36**



BCFD POPULATION HEALTH – DATA



POPULATION
HEALTH
AWARENESS
TOTALS:

2,380 EVENTS



FENTANYL
TEST STRIPS:

1,290

XYLAZINE
TEST STRIPS:

1,338



OUTSIDE
AGENCY
PROGRAM
REFERRALS:

890



TOTAL
RESOURCES
DISTRIBUTED
(FOOD, WATER,
CLEAN NEEDLES,
WOUND KITS,
ETC.):

11,585



LONG TERM
TREATMENT
CENTER
REFERRALS:

23

BCFD POPULATION HEALTH

Leave Behind Naloxone: Totals

**Total Leave Behind
Naloxone Kits Distributed-**

16,521 Kits =

33,042 Doses



Definitions

Opioid Overdose is defined here as when Narcan was administered to a patient. This has previously been defined as when Narcan was administered to a patient AND the patient showed an improved response. Therefore, the totals provided for this category in this report maybe be greater than previously reported.

Related Overdose Call is when Narcan is not documented as being administered to a patient, but Narcan was documented in the report narrative AND the clinician provided a primary impression. OR when the call type begins with 23.

Total Calls and Repeat Responses

July 1, 2023 – June 30, 2025

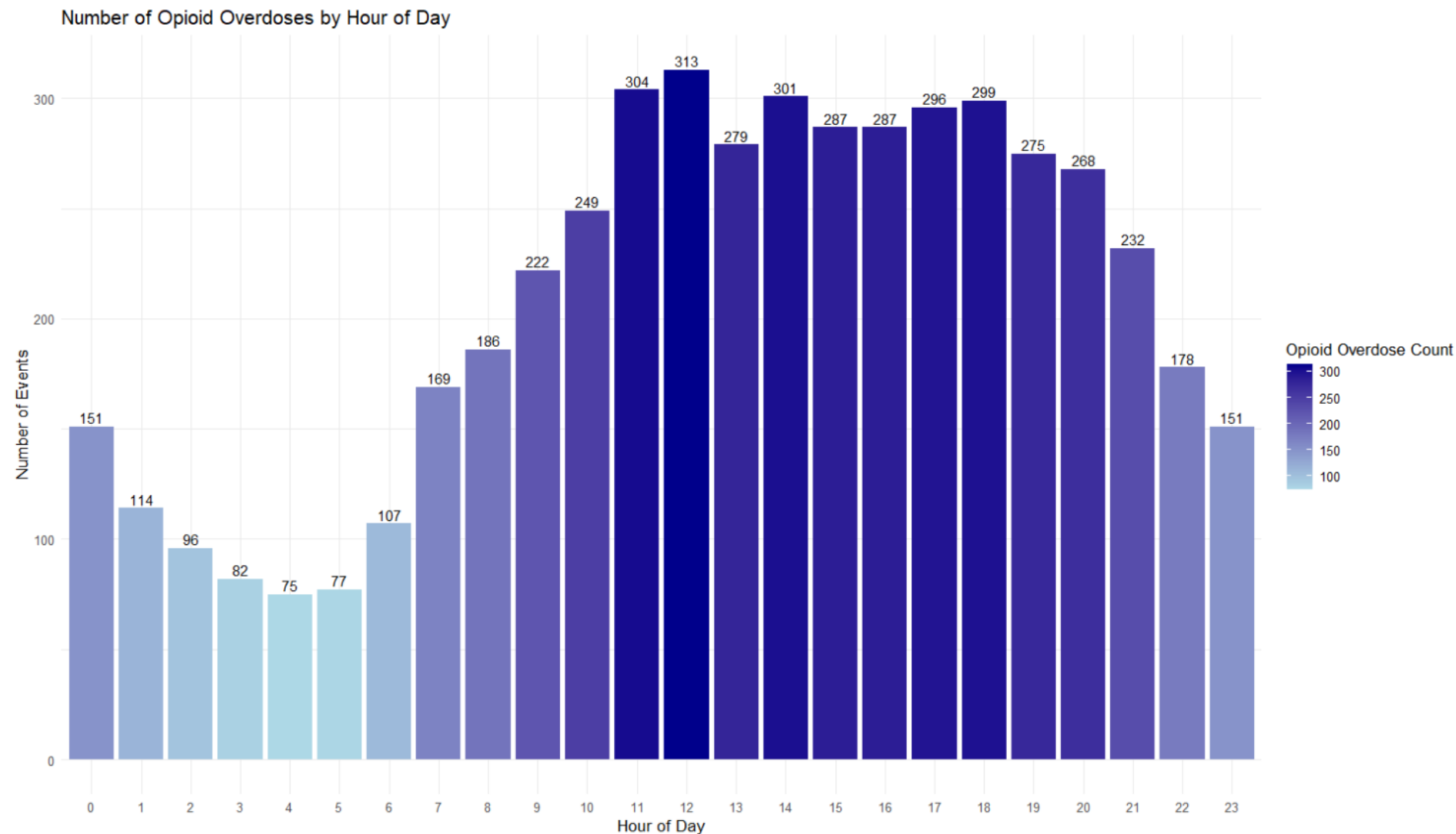
Total Opioid Calls

- Total number of opioid overdose calls (defined as Narcan administered) 2023: 1621
- Total number of opioid overdose calls (defined as Narcan administered) 2024: 2490
- Total number of opioid overdose calls (defined as Narcan administered) 2025: 887

Total Repeat Opioid Overdose Calls

- Total number of repeat responses by address location 2023: 170
- Total number of repeat responses by address location 2024: 273
- Total number of repeat responses by address location 2025: 85
 - List emailed with this report

Opiod Overdose Calls by Timeframe



EMS Administration of Naloxone

July 1, 2023 – June 30, 2025

Total EMS Administration of Naloxone

- EMS administration of naloxone 2023: 1621
- EMS administration of naloxone 2024: 2490
- EMS administration of naloxone 2025: 887

EMS Administration of Naloxone

July 1, 2023 – June 30, 2025

Patient Outcomes: Change to CAD Disposition

	disposition_grouped	2023	2024	2025	total
1	transported	1090	1926	707	3723
2	refused	91	361	123	575
3	treated on scene, no transport	339	179	50	568
4	NA	65	6	3	74
5	HBFD	16	12	2	30
6	died on scene	13	0	0	13
7	GOA	5	3	2	10
8	HBP	1	3	0	4
9	GI	1	0	0	1

EMS Administration of Naloxone

July 1, 2023 – June 30, 2025

Average Response Times

- Average response time to opioid overdoses 2023: 07:29 (MM:SS)
- Average response time to opioid overdoses 2024: 07:32 (MM:SS)
- Average response time to opioid overdoses 2025: 07:42 (MM:SS)

Number of 911 Calls Related to Overdoses

July 1, 2023 – June 30, 2025

This number includes all incidents where Narcan was administered, AND when Narcan administration is not documented” but Narcan was documented in the report narrative AND the clinician provided a primary impression, AND when EMD card begins with 23.

These totals are based on distinct CAD incident numbers, under “medication given”

- Total number of calls related to overdoses 2023: 6791
- Total number of calls related to overdoses 2024: 11141
- Total number of calls related to overdoses 2025: 4239
- 592 incidents did not have a valid date entry

Number of 911 Calls Related to Overdoses

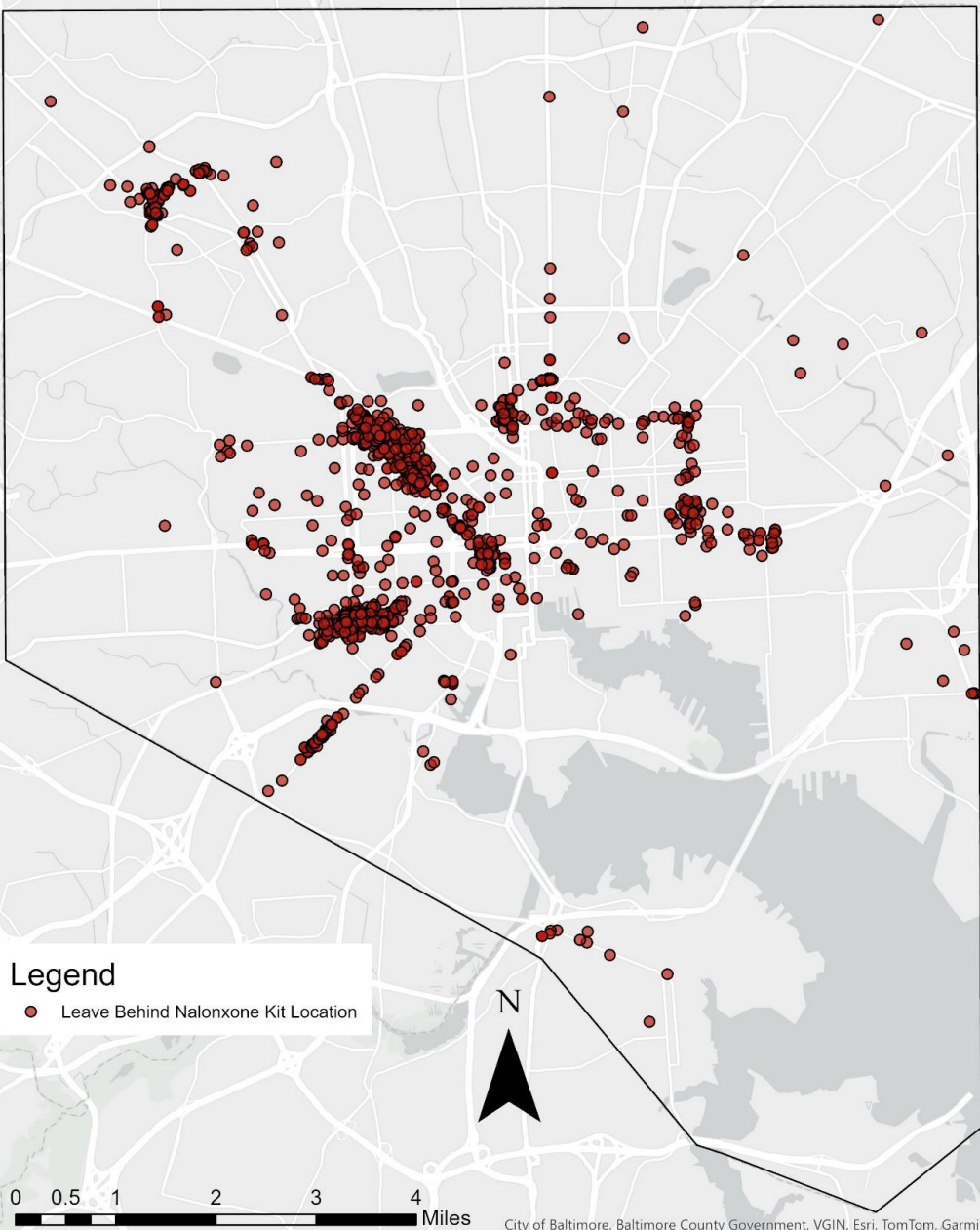
July 1, 2023 – June 30, 2025

Narcan Distribution

- Number of Naloxone kits distributed in 2023 (July to December): 3189
- Number of Naloxone kits distributed in 2024(full year): 9564
- Number of Naloxone kits distributed in 2025(full year): 3183

Naloxone Distribution Map

Leave Behind Naloxone Kit Locations
July 1, 2023 - June 30, 2025





Brandon M. Scott
Mayor

Thank You



Baltimore City Council



Public Safety

Committee

LO25-0013

Opioids, Harm Reduction, and

Overdose Prevention

Additional Materials



City of Baltimore

Overdose Response Strategic Plan 2025–2027

**MAYOR'S OFFICE OF OVERDOSE RESPONSE
JULY 2025**

**DRAFT FOR
PUBLIC
COMMENT**

Letter From the Mayor

Dear Neighbor,

As Mayor, tackling Baltimore's overdose crisis has been, and continues to be, one of my top priorities. I often say that there is not a person in Baltimore who has not felt the impact of this crisis. For too long, our city has been losing too many lives to preventable overdoses. We have been forced to say goodbye to too many of our family members, friends, loved ones, and neighbors too soon.



In response to this complex and evolving crisis, Baltimore City has stood strong in our efforts to save lives. Working hand in hand with community partners, we have made many important strides in reducing the harms that people who use drugs experience, expanding access to treatment, and preventing overdoses. Together, we have seen how kindness can overcome stigma and how investments in evidence-based interventions can save lives.

But there is more work to be done, and there is still justice to be served.

So, in 2017, Baltimore City sued the opioid industry for their role in fueling our community's overdose crisis. When the opportunity arose to join global settlements with these companies, we said "no deal," and continued to make the case against these companies on our own.

As a direct result of City Solicitor Ebony Thompson's leadership, we have obtained a historic amount of funding through awards and settlements with these companies. Now, we must invest these hard-earned funds back into our neighborhoods so that we can turn the tide on the overdose crisis.

On August 29, 2024, I issued an [Executive Order](#) that lays out a process for ensuring these funds have a significant and sustained impact across Baltimore, including by establishing the Mayor's Office of Overdose Response to manage administration of the Opioid Restitution Fund and to develop and execute a citywide overdose response.

As part of this [Executive Order](#), I charged the Mayor's Office of Overdose Response with preparing an Overdose Response Strategic Plan every two years to guide the use of these funds and ensure that they are invested in evidence-based interventions carried out in partnership between the city government and community partners.

To overcome our city's overdose crisis, this Strategic Plan for 2025 to 2027 proposes a set of strategies and accompanying activities to:

- **Address disparities in Baltimore's overdose crisis** that have placed certain members of our community at greater risk, particularly our neighbors who are older Black men.
- **Dismantle silos and improve connections throughout systems of care** to ensure that people who use drugs are able to more effectively navigate services in support of their recovery.

- **Confront systems, policies, and practices that perpetuate stigma** to reduce barriers to care and save lives.
- **Increase access to low-barrier services for substance use disorders across all neighborhoods** so that immediate connection to life-saving substance use disorder services and support services is possible.
- **Improve the quality of substance use disorder treatment and recovery services** so Baltimore City residents can receive the best care.

Although there is no simple solution to the overdose crisis and we will not overcome it overnight, this Strategic Plan proposes an innovative approach to meet the present and immediate needs across our community—while laying the groundwork for the long-term changes to help end this crisis.

Together, we will build a Baltimore where each and every one of us can thrive.

In service,

A handwritten signature in black ink that reads "Brandon M. Scott". The signature is written in a cursive, flowing style.

Brandon M. Scott
Mayor

A New Direction for Baltimore's Overdose Response

As part of the [Executive Order](#) signed on August 29, 2024, Mayor Brandon Scott called for the creation of a new position to lead a new Office—the Baltimore City Mayor's Office of Overdose Response (BCMOOR)—to coordinate Baltimore City's efforts to address the overdose crisis. BCMOOR will oversee and coordinate ongoing efforts of city agencies and community partners in a cross-sector response. Under Mayor Scott's leadership, the City's approach will look broadly at the overdose crisis, its impacts, and the efforts to combat it. BCMOOR's role is to identify areas for collaboration and coordination with key partners, driven by best practices and innovative thinking.



MAYOR'S OFFICE OF
**OVERDOSE
RESPONSE**

BCMOOR's Mission Statement: To build a Baltimore City where people impacted by substance use are supported, safe, and thriving; where services for people impacted by substance use are stigma-free, person-centered, and the highest quality; and where systems serving people impacted by substance use work together, address and redress historic harm and inequity, and meet and respond to the community's needs.

The draft citywide strategy that is presented in this report will guide the City's efforts over the years to come. It was developed in partnership with many partners, including:

- **Overdose Implementation Work Group:** Baltimore City Health Department, Behavioral Health System Baltimore, BCMOOR
- **Mayor's Overdose Cabinet:** Mayor Brandon M. Scott, Chief Administrative Officer Faith P. Leach, Deputy Administrative Officer Shamiah Kerney, interim Deputy Mayor John David "J.D." Merrill, Executive Director of Overdose Response Sara Whaley, interim Commissioner of Health Mary Beth Haller, Fire Chief James Wallace, Police Commissioner Richard Worley, Acting Chief Recovery Officer Elizabeth Tatum, Director of the Mayor's Office of Employment Development MacKenzie Garvin, City Solicitor Ebony Thompson, Director of the Mayor's Office of Homeless Services Ernestina Simmons, Director of Public Works Khalil Zaied, Housing Commissioner Alice Kennedy, Dr. Joshua Sharfstein from the Johns Hopkins Bloomberg School of Public Health, Dr. Susan Sherman from the Johns Hopkins Bloomberg School of Public Health, and Tiffinee Scott from Maryland Peer Advisory Council.
- Special thank you and acknowledgments to the Restitution Advisory Board

To finalize this plan, we will need input from community members. **Everyone is touched by this crisis, and the only way we're going to make progress is if we do it together.**

Submit comments on the [Public Feedback Form](#) by **August 29, 2025**.

Executive Summary

Baltimore City continues to face one of the most severe overdose crises in the country, with overdose mortality rates far exceeding state and national averages. In 2023 alone, 1,043 lives were lost to substance-related overdoses in the city—disproportionately impacting older Black men. This Overdose Response Strategic Plan represents Baltimore’s next decisive step in reversing the crisis, amplified by resources secured from legal action against opioid manufacturers and distributors, by creating a coordinated, citywide response.

Under the leadership of Mayor Brandon M. Scott, this biennial strategic plan reflects a bold, inclusive, and data-driven vision, developed in collaboration with City agencies, community organizations, and residents with lived experience to address the overdose crisis.

Our Vision and Goals

The plan aims to:

- **Reduce overdose fatalities**
- **Increase the number of individuals receiving treatment for opioid use disorder**
- **Expand access to low-barrier, high-quality services across all neighborhoods**
- **Strengthen connections across the care continuum**
- **Support sustained recovery**
- **Reduce stigma**

How We Made This Plan

The strategy is grounded in a **comprehensive needs assessment** that analyzed both quantitative (statistics and numbers) and qualitative (stories and voices) data. Quantitative data from over 16 data sources were included. Additionally, over 300 stakeholders—including people who actively use drugs, people in treatment, family and friends of people who use drugs, providers, and city staff—contributed insights. This assessment identified critical challenges and opportunities across five key pillars:

- 1. Social Determinants of Health**
- 2. Prevention**
- 3. Harm Reduction**
- 4. Treatment**
- 5. Recovery**

What We Will Do

To address systemic barriers and advance equity, the Overdose Response Strategic Plan outlines **five cross-cutting priorities**:

1. Help those most at risk by **addressing racial, sex, and age-based disparities** in overdose.
2. Ensure services work together by **dismantling silos** and improving care coordination across systems.
3. **Confront stigma** in services, policy, and public perception so people feel safe and welcome asking for help.
4. **Increase access to low-barrier services**, particularly in underserved neighborhoods.
5. **Improve quality** of substance use disorder treatment and recovery supports so individuals can achieve lasting recovery.

These priorities are supported by **13 strategies, with corresponding actionable activities**—including expanding naloxone distribution and mobile treatment, scaling support programs that utilize peers (or people with personal experience of substance use disorders), investing in harm reduction, and supporting 24/7 access to treatment and support services.

Working Together

BCMOOR will coordinate the implementation of this plan in partnership with City agencies, community-based organizations, and residents. The plan emphasizes **transparency and accountability**, with regular progress updates, a public dashboard, and a two-year review cycle to adapt to emerging needs.

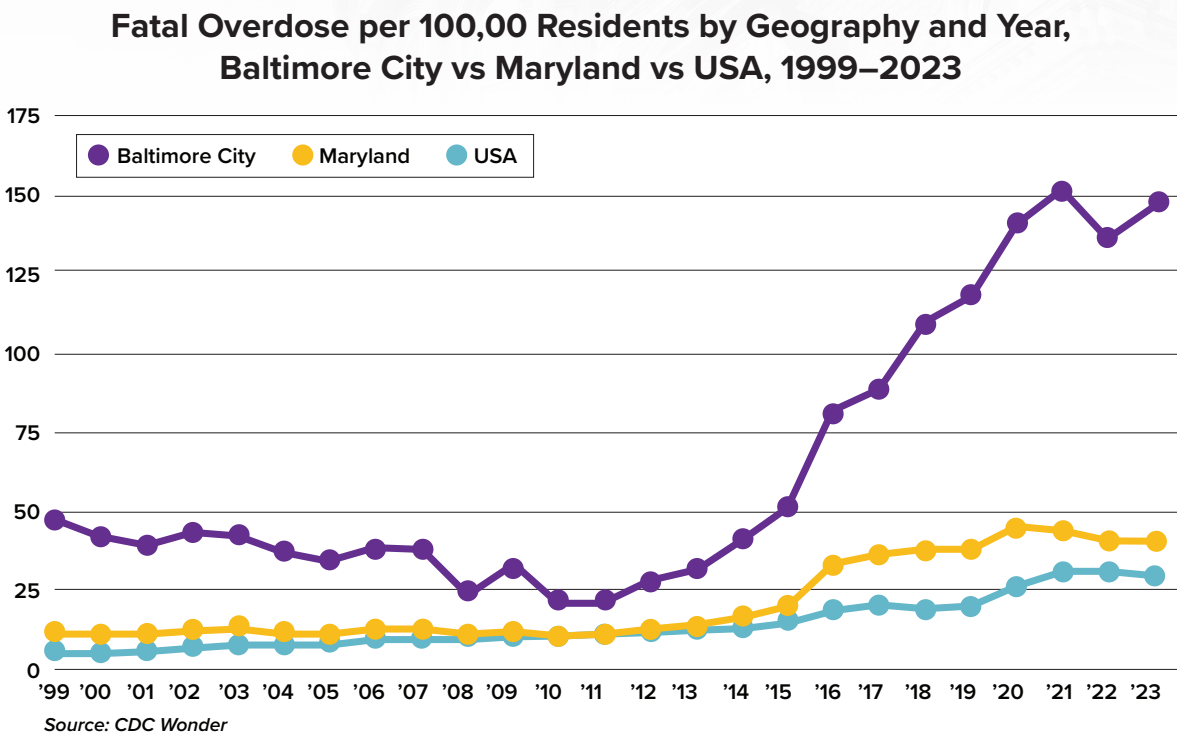
Critically, the Strategic Plan is a **living document**—open to ongoing community feedback. Residents are encouraged to contribute their voices to ensure Baltimore’s response reflects the needs and aspirations of every neighborhood.

Conclusion

This Strategic Plan is more than a just roadmap—it is a commitment to equity, innovation, and partnership. By investing our efforts in bold, community-led solutions, Baltimore City is charting a new path forward—one that centers dignity, justice, and the health of all its people.

Creating Baltimore’s Overdose Response Strategic Plan

Baltimore City has felt the devastating impacts of the opioid overdose crisis for well over three decades. With the addition of resources won in lawsuits against opioid manufacturers, distributors, and pharmacies, the City has an incredible opportunity to invest dollars back into the community, to reduce the impacts and prevent future harms.



To ensure that dollars are allocated to programs and services that are most impactful, Mayor Brandon M. Scott signed an [Executive Order](#) on August 29, 2024, calling for the creation of infrastructure to coordinate and oversee Baltimore City’s efforts to address the overdose crisis and invest dollars from the opioid litigation. Knowing that Baltimore City’s response to the overdose crisis is ongoing and spans the private, non-profit, and public sectors, the City’s scope is broader than just the opioid litigation dollars. This mission will be comprehensive, informed by evidence, coordinated across City agencies and community organizations, and will include evidence-based, community-led, and data-driven investment for all funds addressing the overdose crisis.

Step 1: Needs Assessment

The first step in developing the Overdose Response Strategic Plan was to conduct a [Citywide needs assessment](#). The goal of this assessment was to understand the impact of the overdose crisis, assess existing services and resources, identify gaps, and discover opportunities for improvement. In Fall 2024, the Baltimore City Health Department began conducting the needs

assessment. The agency centered their process around five pillars: social determinants of health, prevention, harm reduction, treatment, and recovery.

1. Social Determinants of Health: *Helping people and communities thrive*

Social determinants of health are factors that affect health outcomes, including economic stability, social and community context, neighborhood and built environment, health care and quality, and education access and quality.

Activities that address social determinants of health may include those that expand and increase the availability of comprehensive support services, such as healthy food, health care, education, housing, transportation, job placement/training, and child care.



2. Prevention: *Helping people avoid drug use before it starts or before it becomes a use disorder*

Prevention strategies aim to educate and support individuals and communities to prevent the use and misuse of drugs and the development of substance use disorders. Prevention activities increase awareness and availability of resources for individuals, families, and those most at risk of opioid use disorder, including youth and older adults, or those impacted by the opioid epidemic.



3. Harm Reduction: *Keeping people safe if they are still using drugs*

Harm reduction is a set of strategies to maximize health, reduce the negative consequences associated with drug use, and empower people who use drugs with the choice to live healthy lives. Key harm reduction activities include increasing the availability and distribution of harm reduction education and supplies.



4. Treatment: *Helping people who want to stop using drugs*

Substance use disorder is a treatable condition. Treatment for substance use disorder is multi-faceted and should be person-centered. Treatment activities aim to increase the availability of comprehensive, evidence-based treatments for opioid use disorder.



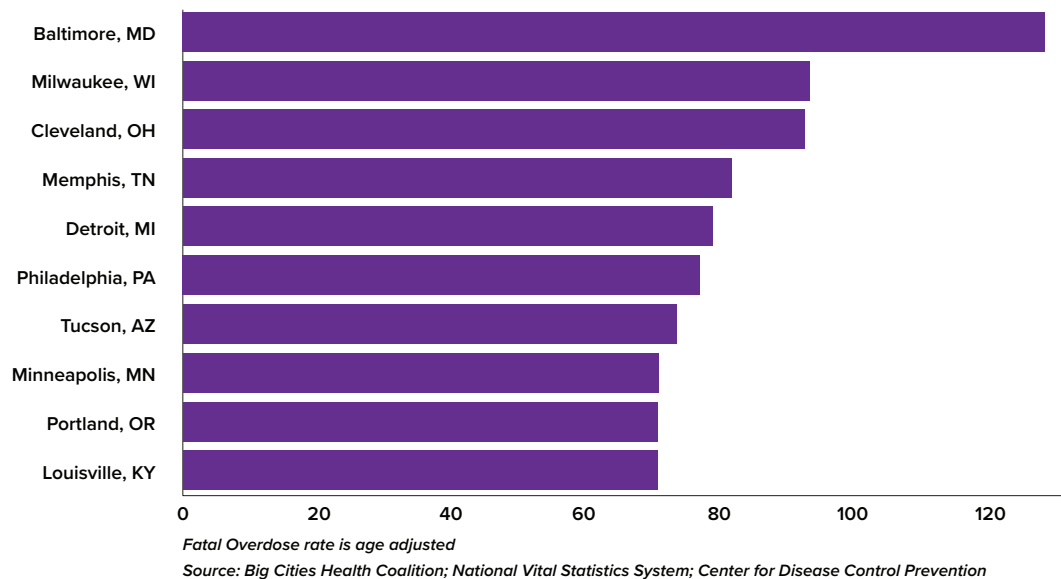
5. Recovery: *Supporting people to stay healthy and in recovery*

Recovery is a process that can take on many forms depending on an individual's health and social goals. Recovery services should increase the availability of comprehensive wraparound services that support an individual's pathway to recovery.

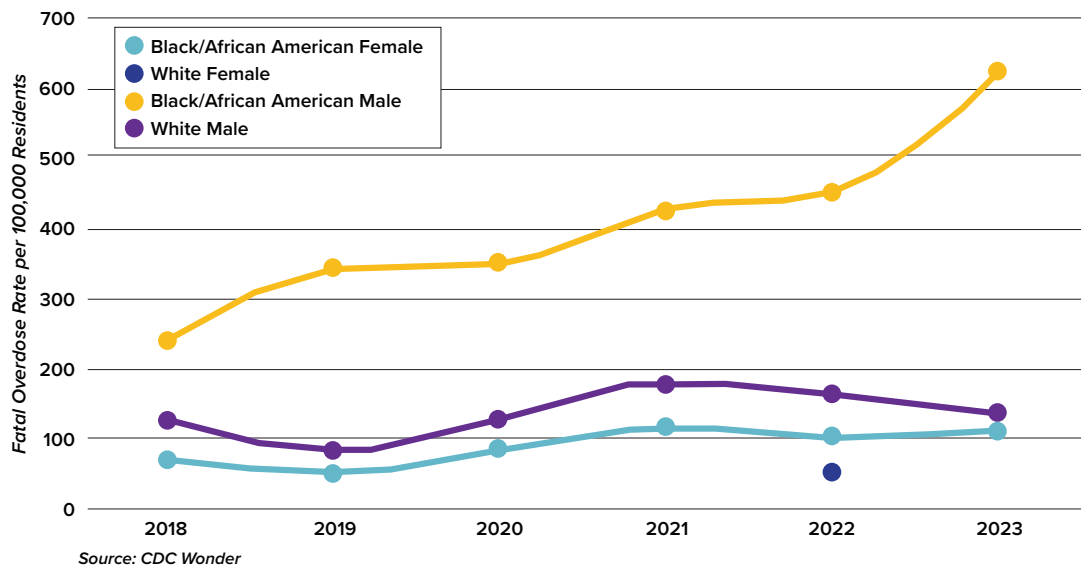


The needs assessment analyzed quantitative data (for example, the number of overdose events, number of individuals receiving treatment, and percentage of harm reduction kits distributed). Quantitative data was gathered from more than 15 different sources, quality checks were conducted, data was analyzed using multiple approaches, and graphs, tables, and maps were created to present patterns over time, both geographically, and across demographic groups.

Fatal Overdose Rate per 100,000 Residents of Top Ten Cities in the US, 2023



Fatal Overdose Rate per 100,000 Among Residents 60 and Older by Race, Sex, and Year, Baltimore City, 2018–2023



The needs assessment also collected and analyzed qualitative data (for example: the experiences navigating care, perceptions of stigma, and suggestions for improving service). This data was gathered through discussions with service providers and community members, including people who use drugs, people in treatment and recovery, and people whose family members and friends have been impacted by the overdose crisis. The needs assessment also included a Community Input Form, which was a short questionnaire to receive feedback from City residents.

Qualitative Data Sources

*Qualitative Data for the Needs Assessment Was Collected
from December 2024–March 2025 with:*

71

**Community members with lived
experience across four community-
based organizations**

39

**Clinical and community service
providers across three virtual forums**

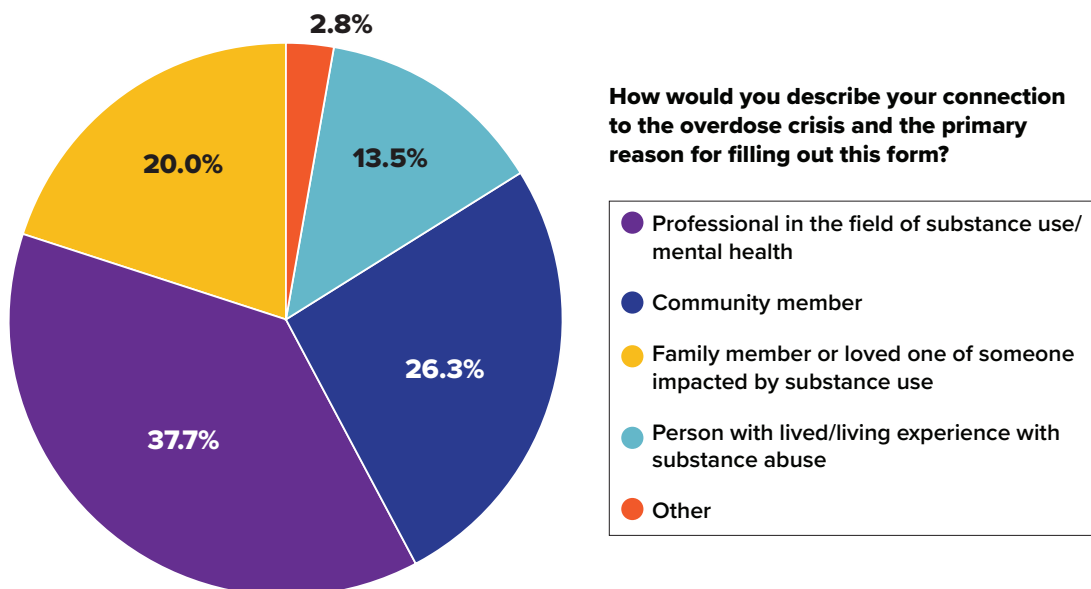
16

**City agency representatives across
14 agencies during key informant
interviews**

217

**Responses from community members
via the online Community Input Form,
one qualitative question was included**

Next, the quantitative data and the qualitative data were reviewed collectively to bring together a full picture of the overdose crisis in Baltimore. From 2023–2024, overdose deaths appear to be declining in Baltimore City, but rates remain extremely high, with the City still leading all metro areas nationally in overdose mortality. This data shows that in 2023, 1,043 people died of drug and alcohol-related overdose in Baltimore City, with the majority of deaths related to illicitly-made fentanyl. Baltimore City’s 2023 fatal overdose rate was more than three times higher than the rest of Maryland and nearly five times higher than the national rate. Black male residents 60 and older were nearly 4.6 times more likely to experience a fatal overdose compared to their white counterparts. Other populations experienced disproportionate effects. In 2022, while [93% of pregnant or postpartum people in Maryland](#) who died from overdose had a known history of substance use, only 20% were known to receive treatment.



Factors driving high overdose rates include ongoing social and structural needs. Housing arose as the most essential need to support people who use drugs while a lack of other social needs services (such as transportation, food, and health care access) and inadequate care coordination created barriers to treatment and recovery. The needs assessment also found that expanding substance use prevention initiatives for youth and building public health awareness with providers and community members could prevent substance use and reduce related harm. At the same time, access to mental health services and support services, a consistent harm reduction approach, and low-barrier access to medication for opioid use disorder can create a more responsive environment and reduce risk of overdose in Baltimore City. Addressing the ongoing social support needs can improve the quality of community-based treatment services. More meaningful integration of peer specialists is needed across the continuum of services. Finally, the lack of a sufficient quantity of certified, high-quality recovery housing compromises successful recovery.

The needs assessment findings led to five cross-cutting recommendations:

1. Address the inequities in the impacts of the City’s overdose crisis.
2. Dismantle silos and improve connections throughout the systems of care.
3. Confront systems, policies, and practices that perpetuate stigma to reduce barriers to care.
4. Increase access to low-barrier services for substance use disorders across all neighborhoods.
5. Improve the quality of substance use services across the City.

Step 2: Strategic Plan

The next step of the strategic planning process was to use the information gleaned from this assessment to develop a roadmap to guide the City’s activities to address the overdose crisis. The team began by reviewing the data from the needs assessment and setting goals for Baltimore City’s Overdose Response. The broad goals of the City include reducing overdose deaths and connecting individuals with substance use disorders to the quality services and supports they need to reduce harms and ensure sustained recovery.

Specifically, Baltimore City’s Overdose Response aims to reduce overdose deaths by 40% by 2040.

These goals are the “North Star” that will guide how we all move, collectively, to address the overdose crisis. The Overdose Response Strategic Plan provides a framework for the next two years (2025–2027) for how Baltimore City will approach addressing the overdose crisis and reach our goals. This is a mission that will include both City agencies and community partners. It will include the expansion of existing programs and infrastructure and the development of new programming with additional financial investment.



Based on findings from the [needs assessment](#), the Overdose Response Strategic Plan lays out five priorities, 13 strategies, and targeted activities that will assist Baltimore City in accomplishing our goals.

Baltimore City's Overdose Response Strategic Plan: A Roadmap for Success

The recommendations from the [needs assessment](#) informed the key priorities of the Baltimore City Overdose Response Strategic Plan that will frame how the City and its partners address the overdose crisis. To achieve these priorities, the strategic plan proposes 13 strategies, using an approach that looks broadly at the overdose crisis and includes all the systems that have been impacted by and are working to address the overdose crisis. Each strategy lays out several evidence-based or evidence-informed activities across the five pillars of social determinants of health, prevention, harm reduction, treatment, and recovery that will ensure measurable progress in reducing overdoses over the next two years.

PRIORITY 1

Address the Disparities in the City's Overdose Crisis

Rates of overdoses are increasing among male residents, Black residents, and residents 60 years and older. For example, in 2023, Black male residents who are 60 and older were more than nearly 4.6 times as likely to experience a fatal overdose compared to their white counterparts. In addition, overdose is the leading cause of maternal mortality in Maryland. Baltimore City's incarcerated population also experiences disproportionate overdose risk. Contributing factors to this increased risk include limited access to substance use services within the criminal justice system and upon their release. Focused approaches to increasing access to appropriate and tailored services are needed to decrease overdose deaths.

[The] City needs to ensure people with substance use disorder are treated with dignity and respect. Many of our systems currently in place are set up to see this disorder as inherently bad and criminal, when substance use disorder is TREATABLE... They should be assisted in a way that uplifts them and our entire community.”

— Community Input Form Respondent

› **Strategy 1:** Increase access to harm reduction services, mental health services, social and structural supports, and substance use disorder treatment for populations most impacted by the overdose crisis.

- **Activity 1a:** Prioritize the training and distribution of naloxone through engagement with older Black adults, prioritizing older Black men through partnerships with the various community-based organizations and City agencies that already operate in the landscape.

- **Activity 1b:** Scale up access to evidence-based, inclusive behavioral health treatment and harm reduction services during pregnancy and parenthood.
- **Activity 1c:** Increase availability of low-barrier mobile harm reduction and treatment services, specifically in geographic areas that are disproportionately affected by overdose but may not have the necessary number of services to meet the need.
- **Activity 1d:** Focus distribution of naloxone where people live, including recovery residences, supportive housing, and shelters.

› **Strategy 2:** Expand criminal justice diversion initiatives.

- **Activity 2a:** Expand pre-arrest and pre-charge diversion initiatives.
- **Activity 2b:** Increase opportunities for evidence-based pre-trial programs that divert away from incarceration.
- **Activity 2c:** Support peer-to-peer mentoring in pre-trial diversion programs.
- **Activity 2d:** Support training for judges, prosecutors, defense attorneys, and participants in Treatment and Recovery Courts, Family Courts, and other specialty courts.

› **Strategy 3:** Ensure comprehensive connection to substance use services within the criminal justice system and upon release.

- **Activity 3a:** Scale up medication for opioid use disorder treatment in correctional facilities and criminal justice detention centers corrections.
- **Activity 3b:** Invest in programs that assist in transitions to care when reentering the community from detention or incarceration.
- **Activity 3c:** Amplify peer support as part of reentry services.

PRIORITY 2

Dismantle Silos and Improve Connections Throughout Systems of Care

Services across the substance use continuum were often found to be siloed. Community members and providers reported challenges of real-time connections to the most basic safety net services like food, housing, employment, and transportation. Outreach specialists also identified barriers to access due to the lack of a centralized system. Improved care coordination will support people who use drugs to more effectively navigate services from addiction to recovery.

48.8% of respondents to the City's Community Input form indicated that strengthened care coordination services that facilitate warm handoffs from inpatient treatment and/or institutional settings to community-based services are among the most needed treatment and recovery services in Baltimore City.

› **Strategy 4:** Expand systems and mechanisms to improve continuity of care (including social needs that address the social determinants of health and support harm reduction, treatment and mental health support, and recovery).

- **Activity 4a:** Pilot a coordination platform to improve engagement, outreach, and care for people with substance use disorder.
- **Activity 4b:** Create opportunities for collaboration and coordination for providers serving similar geographic regions or service types.
- **Activity 4c:** Support ongoing efforts to increase the use of Mobile Crisis Teams and build their capacity.

› **Strategy 5:** Coordinate with local, state, and federal efforts to reduce the illegally trafficked drug supply.

- **Activity 5a:** Participate in collaborative initiative to ensure connection to public health programming and resources when drug supply disruptions occur.

› **Strategy 6:** Enhance data infrastructure.

- **Activity 6a:** Support data collection and analysis infrastructure for City investments.
- **Activity 6b:** Engage in ongoing evaluation of interventions and program performance.
- **Activity 6c:** Continue opportunities to share timely health outcome data with City partners, community organizations and the public through tools like dashboards, predictive analytics, and GIS mapping.

PRIORITY 3

Confront Systems, Policies, and Practices That Perpetuate Stigma to Reduce Barriers to Care

Addressing stigma at all levels improves quality of services, removes barriers to treatment, increases readiness to engage with services, and supports the success of individuals in the community.

When the [needs assessment](#) was being developed, Baltimore City community members and services providers emphasized that pervasive experiences of stigma and discrimination delay access to services, impede equity, and constrict a person's autonomy. Key approaches to addressing stigma include advancing harm reduction, a method that supports people at every stage of recovery, and expanding access to immediate and high-quality housing options.

42.9% of respondents to the City's Community Input Form indicated that stigma associated with substance use is a barrier to treatment in Baltimore City.

› **Strategy 7:** Integrate harm reduction policies and practices across all programs and systems that address social needs, healthcare, and behavioral health.

- **Activity 7a:** Increase access to a full array of low barrier harm reduction services (including naloxone distribution, drug checking, syringe service programs, and other evidence-based strategies)

- **Activity 7b:** Expand community syringe service disposal initiatives to reduce syringe litter.
 - **Activity 7c:** Identify and advocate for legislative initiatives to support access to evidence-based harm reduction services and behavioral health services.
 - **Activity 7d:** Increase trauma-informed care and harm reduction training and practices among a range of public and private services.
 - **Activity 7f:** Increase the number of City agencies/departments registered as Overdose Response Programs.
- **Strategy 8:** Develop an effective non-emergency response system that connects individuals with substance use disorder and behavioral health needs to on-demand, community-based services that address the social determinants of health.
- **Activity 8a:** Expand the capacity of 988 to dispatch a non-emergency response that is available 24/7 and accessible to the general public, emergency personnel, and service providers to connect people to non-emergency services.
 - **Activity 8b:** Create specialized 24/7 outreach teams to provide immediate support and connection to appropriate community-based services and resources.
 - **Activity 8c:** Develop 24/7 safe spaces for respite, stabilization, and connection to community-based resources.
- **Strategy 9:** Enhance communication and mobilization to educate public and providers.
- **Activity 9a:** Launch citywide mass communication campaign to address stigma and amplify availability of substance use resources.
 - **Activity 9b:** Create a provider outreach engagement plan around harm reduction practices and services available in the City across the lifespan.
 - **Activity 9c:** Increase prevention programming to help youth avoid and reduce substance use disorder.
 - **Activity 9d:** Increase the number of businesses certified as Recovery Friendly Workplaces.
- **Strategy 10:** Adopt innovative models to increase access to immediate and quality housing regardless of current substance use, past substance use, or treatment status.
- **Activity 10a:** Assess policies and practices across individual housing support services, and system practices and procedures.
 - **Activity 10b:** Expand housing programs to ensure they prioritize immediate, low-barrier, long-term housing for individuals experiencing homelessness, without preconditions of sobriety or treatment participation.
 - **Activity 10c:** Ensure shelters are more accessible for people who use drugs and/or are at risk of overdose (e.g. naloxone for clients, screening for opioid use disorder, provide lockers, and connection to wrap services).

- **Activity 10d:** Fully leverage Housing Opportunities People with AIDS federal dollars to support Ryan White programming.

PRIORITY 4

Increase Access to Low-Barrier Services for Substance Use Disorders Across All Neighborhoods, Focusing on Those Most Impacted

Persistent barriers prevent people from accessing life-saving substance use disorder and supportive services that promote health and wellbeing. Services that allow for immediate connection to care support engagement and retention. The [needs assessment](#) found that treatment programs meeting the criteria for being low-barrier (i.e., same-day starts of medication, on-demand treatment, or field-initiated buprenorphine by emergency medical services) are limited in Baltimore City. 28% of respondents to the City's Community Input Form indicated that more access to medication for opioid use disorder, including buprenorphine and methadone, is one of the most-needed treatment and recovery support services in Baltimore City. Significant barriers to accessing social services like food, housing, employment, and transportation were also identified.

“People need unconditional access to housing, healthcare, employment support, and other wraparound services to achieve meaningful wellness.”

— *Community Input Form Respondent*

› **Strategy 11:** Increase access to medication for opioid use disorders across systems of care.

- **Activity 11a:** Promote universal screening and connection to treatment of substance use disorder, using validated verbal or written tools, across all medical, behavioral health, and social needs providers.
- **Activity 11b:** Support initiatives to increase access to same-day and on-demand treatment services (including through emergency management services, telemedicine, coordinated transportation, street medicine, etc.).
- **Activity 11c:** Increase the number of City hospitals functioning at highest level of care for opioid use disorder.
- **Activity 11d:** Create 24/7 access to medication treatment, including bridge prescriptions.
- **Activity 11e:** Identify and advocate for policies for buprenorphine in pharmacies in order to decrease stock outs of medications.

› **Strategy 12:** Increase citywide care coordination to low-barrier social services (housing, transportation, food assistance, education, and employment) for people who use drugs and people with substance use disorders.

- **Activity 12a:** Increase partnerships across a network of providers in the community and city agencies who can prioritize service coordination and provision for people who use drugs.

- **Activity 12b:** Increase awareness of resources and opportunities to public and providers.
- **Activity 12c:** Scale up the peer specialist workforce and peer-delivered services in a variety of settings across the City.

PRIORITY 5

Improve the Quality of Substance Use Disorder Treatment and Recovery Services

Across the continuum of care, there is a great need to strengthen and implement high-quality programs. The City's current service landscape varies in quality, leading to individuals who are hesitant to engage in services. When the [needs assessment](#) was being developed, community members identified a range of needs around the quality of treatment services, including poor conditions, rigid program guidelines, and stigma associated with use of medications for opioid use disorder. Community members and providers also identified gaps in oversight and accountability regarding the quality of recovery housing. Monitoring and evaluation of access and quality of services is necessary to ensure equitable and effective response.

“We have no hope holders. The system tells you to get clean but then leaves you on your own.”

— *Community Participant*

› **Strategy 13:** Optimize adoption of evidence-based substance use disorder treatment and recovery across systems of care.

- **Activity 13a:** Develop quality standards for care across behavioral health services.
- **Activity 13b:** Create a mechanism to disseminate information about behavioral health services quality standards.
- **Activity 13c:** Advocate for and develop partnerships for increased authority at the local level to address quality of care in treatment and certified recovery services.
- **Activity 13d:** Advance oversight and permitting of privately operated recovery residences to bolster guard rails and quality of service provision.
- **Activity 13e:** Support individual autonomy in program and residence selection.

Partnership in Action: Next Steps for the Overdose Response Strategic Plan

Activities described in the Overdose Response Strategic Plan will be executed in partnership between the City, its agencies, community organizations, and Baltimore residents. City engagement on these activities will work across multiple departments and agencies and include community engagement efforts by community-based service providers, advocacy organizations, community leaders, and other key stakeholders. Partnership between the City and community members will be based on the values of shared responsibility, respectful partnership, and mutual transparency and accountability. Consistent with Mayor Scott's [Executive Order](#), the execution of activities laid out in the Overdose Response Strategic Plan will be coordinated by the Baltimore City Mayor's Office of Overdose Response.

Community Input

This document is not final. Instead, the intention of the plan is to be a living document. The City will facilitate ongoing opportunities for community members and service providers to provide feedback throughout the process of development, implementation, and review.

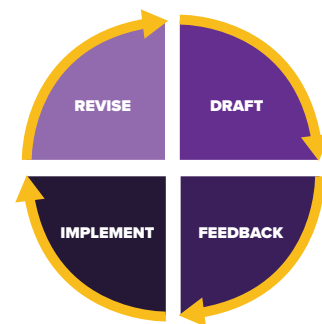
Transparency & Accountability

Each activity outlined in the Overdose Response Strategic Plan will include measures to assess progress and associated indicators to show impact on health outcomes. BCMOOR will provide regular progress updates and outcome metrics can be tracked on the [Overdose Dashboard](#) on the Baltimore City Health Department webpage.

In addition, community grantees and City agencies who receive funding from the Opioid Restitution Fund will report on program specific to their scope of work. This will allow the City and the public to track direct outputs of the investment of the Opioid Restitution Fund.

Regular Review & Update

The Overdose Response Strategic Plan will be updated every 2 years, per the Mayor's [Executive Order](#), to ensure forward progress and timely response to the changing crisis. This current strategic plan provides a framework for the first two years (2025–2027).



In Summary

The completion of each of the listed activities will meaningfully address disparities in Baltimore City's overdose crisis; lower fatal and non-fatal overdose rates; coordinate local, state and federal government efforts; dismantle silos and improve connections to care; confront systems, policies, and practices that perpetuate stigma to reduce barriers to care; increase access to low-barrier services for substance use disorders across all neighborhoods; improve the quality of substance use disorder treatment and recovery services; address structural determinants that often impede access to needed services; and provide opportunities for rigorous monitoring and evaluation to maximize efficiency and impact.

Additional Resources

- [Needs Assessment](#) – Baltimore City Health Department
- [Overdose Dashboard](#) – Baltimore City Health Department
- [Baltimore City Opioid Restitution Fund](#)
- [Maryland Interactive Dashboards](#) – Maryland Department of Health



City of Baltimore